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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
GB PEMBROKE PINES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

JAN 08 2020

T. SCOTT

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: GB PEMBROKE PINES INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

18211 PINES BLVDPEMBROKE PINES, FL 330299851 NW 58 StreetSuite 106 Doral FL 33178Doral FL 33178**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SEAN FISCHER PRESIDENTName and Title: SAVIO C. ALEME TREASURERAddress: 4672 NW 97 CT
DORAL, FL 33178Address: 18211 PINES BLVD
PEMBROKE PINES, FL 33029PAULO R. DE CASTROName and Title: SECRETARY

Name and Title:

Address: 9851 NW 58 ST #106
DORAL, FL 33178

Address:

Name and Title:

Name and Title:

Address:

Address:

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9851 NW 58 ST
DORAL, FL 33178

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PAULO ROBERTO DE CASTRO
Address: 9851 NW 58 ST # 106
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAULO ROBERTO DE CASTRO
Address: 9851 NW 58 ST # 106
DORAL, FL 33178


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 _____
Required Signature/Registered Agent 12-20-19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 _____
Required Signature/Incorporator 12-20-19
Date