## P200001121

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					



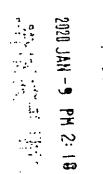
CAM 1 0 2020

T. SCOTT



500337771815

12/09/19--01033--018 \*\*/0.00





January 6, 2020

MARIA E RUIZ 7750 SW 117TH AVE MIAMI, FL 33183

SUBJECT: GSS CABINET INSTALLATION COMPANY

Ref. Number: W2000000888

We have received your document for GSS CABINET INSTALLATION COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 420A00000237

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

November 10, 2019

Department of State **New Filing Section** Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: GSS Cabinet Installation Company

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

ోత ilberto Sosa



## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: GSS G	CABINET INSTALLATION		
-	(PROPOSED CORPOR	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate of
		ADDITIONAL CO	PY REQUIRED
	1ARIA E RUIZ Nam	e (Printed or typed)	
77	50 SW 117TH AVE		
		Address	
M M	IAMI FL 33183		
•	City,	State & Zip	
30	5-595-2407		
	Daytime T	elephone number	
M.	ARIAQUIROS9@HOTMAIL.COM		
	E-mail address: (to be use	d for future annual report n	otification)

NOTE: Please provide the original and one copy of the articles.

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

ICLE II P	RINCIPAL OFFICE		·
8 SW 100 AV	Principal street add	Mailin	g address, if different is:
MI FL 33130		7/30 SW 11711	AVE SUITE 201D
		MIAMI FL 331	83
··			
CLE III PU urpose for wh	/RPOSE ich the corporation is organized is:	any and out less	pup
<del></del>			
			<del></del>
nber of share:	TIAL OFFICERS AND/OR DIRECTORS		
nber of share:	TIAL OFFICERS AND/OR DIRECTORS Title: GILBERTO SOSA - PRESIDENT 18738 SW 100 AVE	5 d.l	
E V INI  Name and T	TIAL OFFICERS AND/OR DIRECTORS  Sitle: GILBERTO SOSA - PRESIDENT	5 d.l	
nber of share:  LE V INI  Name and T  Address	TIAL OFFICERS AND/OR DIRECTORS  Citle: GILBERTO SOSA - PRESIDENT  18738 SW 100 AVE  MIAMI FL 33130	Address:  Name and Title:	
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS  Citle: GILBERTO SOSA - PRESIDENT  18738 SW 100 AVE  MIAMI FL 33130	Address:  Name and Title:	
Mame and Ti	TIAL OFFICERS AND/OR DIRECTORS  Title: GILBERTO SOSA - PRESIDENT  18738 SW 100 AVE  MIAMI FL 33130  the: Valentine Caicedo UP.  18738 Sw. 100 Are	Address:  Name and Title:	
nber of shares  LE V INI  Name and T  Address	TIAL OFFICERS AND/OR DIRECTORS  Citle: GILBERTO SOSA - PRESIDENT  18738 SW 100 AVE  MIAMI FL 33130	Address:  Name and Title:	202 JAN
Mame and Ti	TIAL OFFICERS AND/OR DIRECTORS  Title: GILBERTO SOSA - PRESIDENT  18738 SW 100 AVE  MIAMI FL 33130  the: Valentine Caicedo UP.  18738 Sw. 100 Are	Address:  Name and Title:	202 JAN
Mer of shares  T.E. V. INI  Name and T  Address  Name and Ti  Address	TIAL OFFICERS AND/OR DIRECTORS  TITLE: GILBERTO SOSA - PRESIDENT  18738 SW 100 AVE  MIAMI FL 33130  THE: Valentine Caicedo UP.  18738 SW 100 Are  Mam. FL 33130	Address:  Name and Title:  Address:	202 JAN
Mer of shares  T.E. V. INI  Name and T  Address  Name and Ti  Address	TIAL OFFICERS AND/OR DIRECTORS  Title: GILBERTO SOSA - PRESIDENT  18738 SW 100 AVE  MIAMI FL 33130  the: Valentine Caicedo UP.  18738 Sw. 100 Are	Address:  Name and Title:  Address:	202 JAN

Name ar	nd Title:	Name and Title:
Address		
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	waste to the same
Nume:	Coilberto Soss	e) of the registered agent is:
Address:		
	12738 S W. 100 Are	<del></del>
<u>ARTICL</u> E VII	INCORPORATOR	
	dress of the Incorporator is:	
Name;	Cilberto Sasa	
Address:	18738 S.W. 100 Ave	<del></del>
	MIAN A 33154	<u> </u>
Effective date, if o (If an effective da filling.) <u>Note:</u> If the date i		(OPTIONAL) not be more than five days prior or 90 days after the ple statutory filing requirements, this date will not be listed as s.
Having been name this certificate, I at	ed as registered agent to accept service of process familiar with and accept the appointment as a	ess for the above stated corporation at the place designated is registered agent and agree to act in this capacity
	Required Signature/Registered Agent	
submit this docu- focument to the D	ment and affirm that the facts stated herein as epartment of State constitutes a third degree fel	re true. I am aware that the false information submitted in to our as provided for in \$ \$17.155, E.S.
		11 11. 11
Require	Signature/Incorporator	

• • • •