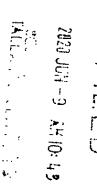
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



500346620695



Jul 10 mm Justylimbiey CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

*** RESUBMITANA
Please give original
submission date as file date.

ACCOUNT NO. : I2000000195

REFERENCE: 315146 /350556

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: June 9, 2020

ORDER TIME : 11:39 AM

ORDER NO. : 315146-010

CUSTOMER NO: 7350556

DOMESTIC FILING

NAME: GILLMAN CONSULTING, INC.

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION					
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:					
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT	PERSON: Kadesha Roberson - EXT.					

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: GILLM.	AN CONSULTING, INC.			
30B3EC1	(PROPOSED CORPOR	ATE NAME - SIUST INCL	ODE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the an	ticles of incorporation and	d a check for:	
≅ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
FROM:	Nam S. Andrews Avenue, Suite 204	e (Printed or typed)		
		Address	·	
For	Lauderdale, FL 33316			
	City	State & Zip		
954	·467 · 9899			
	Daytime 1	elephone number		
thon	nas@capstonatitlepertners.com			
	E-mail address: (to be use	d for tuture annual report n	olification)	

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 1 NAN			
RTICLE II PRINCIPAL OFFICE Principal street address		Mailing ado	fress, if different is:
Description of the state of the		1063 Hilisboro Mile Hillsboro Beach, F	e, Apt. 808
ipano beach, r	C 33064	rimsooro Beach, r	C 33002
····			
IÇI.E III PUR	POSE Ali lawful	DUITDOSES	
surpose for which	h the corporation is organized is:		
-			
		•-•	·
			- 3.
			2020 A
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			· · · · · · · · · · · · · · · ·
ICLE IV SHA	RES 100		(
ICLE IV SIIA sumber of shares	RES 100 af stock is		
tumber of shares	of stock is		A 100
tumber of shares	of stock is		AE 10: 49
tumber of shares	IAL OFFICERS AND/OR DIRECTORS	Name and Title:	#E 10: 49
tumber of shares	of stock is		AE 10: 49
CLE V INII Name and Ti	IAL OFFICERS AND/OR DIRECTORS		AE 10: 49
CLE V INII Name and Ti	Idl. OFFICERS AND/OR DIRECTORS Ide: Lourence Gillmen, President 1063 Hillsbore Mile, Apt. 808		AE 10: 49
CLE V INII Name and Ti	Idl. OFFICERS AND/OR DIRECTORS Ide: Lourence Gillmen, President 1063 Hillsbore Mile, Apt. 808		#E 10: 49
CLE V INII Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS Ide: Lourence Gillmen, President 1063 Hillsboro Mile, Apt. 808 Hillsboro Beach, FL 33062	Address:	#E 10: 49
CLE V INII Name and Ti Address	Idl. OFFICERS AND/OR DIRECTORS Ide: Lourence Gillmen, President 1063 Hillsbore Mile, Apt. 808	Address:	#E 10: 49
CLE V INII Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS Ide: Lourence Gillmen, President 1063 Hillsboro Mile, Apt. 808 Hillsboro Beach, FL 33062	Address:	AE 10: 49
Name and Ti	IAL OFFICERS AND/OR DIRECTORS Ide: Lourence Gillmen, President 1063 Hillsboro Mile, Apt. 808 Hillsboro Beach, FL 33062	Address:	AE 10: 49
Name and Ti	IAL OFFICERS AND/OR DIRECTORS Ide: Lourence Gillmen, President 1063 Hillsboro Mile, Apt. 808 Hillsboro Beach, FL 33062	Address:	#E 10: 49
Name and Ti	IAL OFFICERS AND/OR DIRECTORS Ide: Lourence Gillmen, President 1063 Hillsboro Mile, Apt. 808 Hillsboro Beach, FL 33062	Address:	#E 10: 49
Name and Ti	IAL OFFICERS AND/OR DIRECTORS Ide: Lourence Gillmen, President 1083 Hillsbore Mile, Apt. 808 Hillsbore Beach, FL 33062	Address:	#E 10: 49
Name and Ti	IAL OFFICERS AND/OR DIRECTORS Ide: Lourence Gillmen, President 1063 Hillsbore Mile, Apt. 808 Hillsbore Beach, FL 33062	Address:	AE 10: 49

Nume an	d Tide	Name and Title	
Address		Address:	
		_	
	<u>REGISTERED AGENT</u> In <u>tida street address</u> (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Thomas T. Coon, Jr.	-,	
Address:	888 S. Andrews Avenue, Suite 204		
Augresi:	Fort Lauderdale, FL 33316		
ARTICLE VII	INCORPORATOR		
The name and a	olders of the Incorporator is:		
Name:	Laurence Gillman		
Address:	1063 H場sboro Mile, Apt. B08		
	Hillsboro Beach, FL 33062		
Effective date, if	EFUECTIVE DATE: other than the date of filing: late is listed, the date must be specific and ca)e
	inserted in this block does not meet the applications date on the Department of State's reco	able statutory filing requirements, this date will not be liveds.	isted as
Hawing been non certificate, I am j	ued as registered agent to accept service of proce	ess for the above stated corporation at the place designate istered agent and agree to act in this capacity	rd in this
Thomas T. Co.	on, Jr	6-8-2	020
	Required eignature/Begistered Agent	Date	
I submit this document to the	nument and affirm that the facts stated herein Departmentiff State constitutes a third degree fo	are true. I am wome that the false information submit clary as provided for tax817,188, P.S.	ned in a
Required Signatu	ner'hysighelinisi	Dare 6-8-709	10
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