

P20000049005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

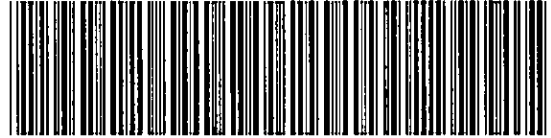
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/23/20--01018--027 \*\*70.00

FILED

20 JUN 23 8:17:05

OFFICE

JUL 07 2021

## COVER LETTER

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

SUBJECT: GS POINT & BODY INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Ⓢ Atplus. CORP

Name (Printed or typed)

8180 NW 36<sup>th</sup> St. # 406

Address

DORAL, FL 33166

City, State & Zip

(305) 406 - 3800

Daytime Telephone number

Atplus@Live.com

E-mail address: (to be used for future annual report notification)

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

## **AFFIDAVIT**

FILED  
20 JUN 23 PM 7:05  
CLERK OF COURT  
JANICE L. COX

BEFORE ME, the undersigned authority, on this day personally appeared **GS PAINT & BODY INC.**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **GS PAINT & BODY INC.**, a Florida corporation to be filed with the Florida Department of State on or about **June 16, 2020**.
2. The undersigned hereby consents to and authorizes the use by **GS PAINT & BODY INC.**, of the name **GS PAINT & BODY INC.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

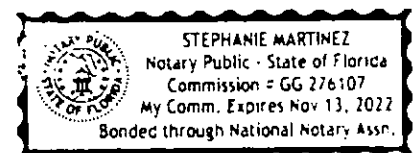
FURTHER AFFIANT SAYETH NAUGHT.

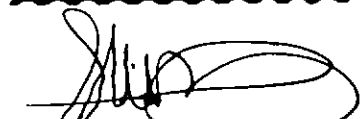
  
GUSTAVO SAMKERR

STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, GUSTAVO SAMKERR, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 16<sup>th</sup> day of June, 2020.



  
Notary Public Signature

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: GS Paint & Body Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2245 Pembroke Rd  
Hollywood, FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gustavo Samkerr/Pres Name and Title: \_\_\_\_\_

Address: 2245 Pembroke Rd Address: \_\_\_\_\_  
Hollywood, FL 33020

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Gustavo Samkerr  
Address: 2245 Pembroke Rd  
Hollywood, FL 33020

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Gustavo Samkerr  
Address: 2245 Pembroke Rd  
Hollywood, FL 33020

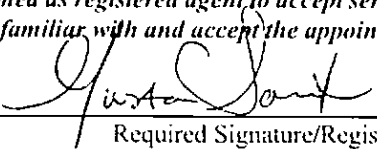
**ARTICLE VIII EFFECTIVE DATE:**

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.)

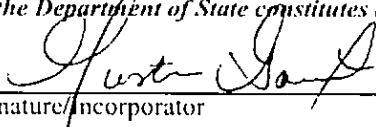
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

06/16/2020  
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

06/16/2020  
Date

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TALLAHASSEE, FL