Pappoposoa

(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



600353011956

11/16/20--01018--002 **78.75

2527 117 16 1× 7:25

COVER LETTER

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

SUBJECT:	Giancoli Co (PROPOSED CORPORAT	insulting Inc						
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCLI</u>	JDE 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 ADDITIONAL CO	& Certificate of Status					
FROM: Dorald Patrick Gianced; Name (Printed or typed) 303 N. Riverside Dr. #803 Address								
Pompano Beach, FL 3306Z City, State & Zip								
_	954-529-0677 Daytime Telephone number							
_	E-mail address: (to be used	cdi Q gmai	otification)					
1	NOTE: Please provide the or	iginal and one conv of	the articles					

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

ARTICLE I NAME The name of the corpora	-	Giana	oli Cons	sulting In	1C.
ARTICLE II PRINC 303 N.R	Principal street address	#803		Mailing address, if di	fferent is:
Pompano B	each, FL 33	3062			
ARTICLE III PURPO The purpose for which to	OSE the corporation is organiz	ed is: Fina	encial co	onsulting	services
such au	s budgatin	g and r	evenue	enhaucem	ent
for loc	al governm	ents pl	us pot	ential tu	eture_
investr	nents in ne	uenue-p	raducing	g real a	essets
					
ARTICLE IV SHAR The number of shares of ARTICLE V INITIA	AL OFFICERS AND/OR	One b			Sianal: Se
Name and 1 th	303 N Rive				er/ Secretary
, , , , , , , , , , , , , , , , , , , ,	#803		_ /rddress.	303 N R	iverside Dr #
	PomparoBea	ich, FL 3	3062	Pomparol	Beach, FL
Name and Title	·		_ Name and Title	• ::	33062
Address					2
			_		
			_		
Name and Title			_ Name and Title	·	
Address					
			_		
			_		

Name and Title:	Name and Title:
Address	Address:
-	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT	accentable) of the registered agent is:
Name: Donald Gicen	
Address: 303 N. Riversia	<u>le Dr</u> #803
Pomparo Beach	FL 33062
•	7.7.28 No.
ARTICLE VII INCORPORATOR	\overline{z}
The <u>name and address</u> of the Incorporator is:	
Name: Donald Gicen	cd:
Address: 303 N. Riversi	le Dr #803
Pompano Beas	d, FL 33062
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: John (If an effective date is listed, the date must be specifiling.)	uasy) 2021 (OPTIONAL) fic and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the document's effective date on the Department of St	the applicable statutory filing requirements, this date will not be listed as ate's records.
Having been named as registered agent to accept servic certificate, I am familiar with and accept the appointm	ce of process for the above stated corporation at the place designated in this ent as registered agent and agree to act in this capacity
	11 13 20
Required Signature/Register	red Agent Date
I submit this document and affirm that the facts state document to the Department of State constitutes a third	ed herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S.
LA	11/12/21
Required Signature/Incorporator	Date (7 13 20