

P21 000014481

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC
Account Number : I20160000041
Phone : (407)443-8973
Fax Number : (407)930-2626

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GRUPO GACOF INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

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2021 FEB 16 AM 11:28

#210000640603

COVER LETTER

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

SUBJECT: GRUPO GACOF 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: SICONT ENTERPRISES OF AMERICA INC
Name (Printed or typed)
13574 Village Park Dr. Ste. 250
Address
Orlando FL 32837
City, State & Zip
407-443-8973
Daytime Telephone number
sunbiz.sicont@hotmail.com
E-mail address: (to be used for future annual report notification)

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

FILE

2021 FEB 16 AM 7:01

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: GRUPO GACOF INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

730 Winters StWest Palm Beach FL 33405**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in any and all lawful business allowed in the United States of America and the State of Florida**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ELIAS PEREZ DABIOT

Name and Title: _____

Address 730 Winters St

Address: _____

West Palm Beach FL 33405

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 FEB 16 AM 7:01
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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ORLANDO REGISTERED AGENTS LLCAddress: 13574 Village Park Dr. Ste. 250Orlando, FL 32837**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: DESIREE TORRESAddress: 13574 Village Park Dr. Ste. 250Orlando, FL 32837**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 Agent02/16/2021
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

Date

02/16/2021

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