

P2100006414494
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

****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
Gary Rosen Designs, Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

2021 FEB 16 AM 7:00
DATE
2021 FEB 16 AM 11:28

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: Gary Rosen Designs, Inc

ARTICLE II PRINCIPAL OFFICEPrincipal street address

9279 Museo Circle #102

Naples, FL 34114

Mailing address, if different is:

9279 Museo Circle #102

Naples, FL 34114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

200

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Rosen -President

Address

9279 Museo Circle #102

Naples, FL 34114

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2021 FEB 16 AM 7:01

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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.Address: 155 Office Plaza Drive, 1st Fl.
Tallahassee, FL 32301**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Veronica Gonzalez
Address: C/O Blumberg 16 Court Street
Brooklyn NY 11241**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 business days prior or 90 business 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*Jose Mojica- Asst Sec
Required Signature/Registered Agent2/16/21
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.*Veronica Gonzalez
Required Signature/Incorporator2/16/21
Date2021 FEB 16 AM 7:01
STATE OF FL