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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*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 **GEKKO MOTORS CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Gekko MOTORS COPP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
15649 SW 16th Street
- fembroke Pines Fl 33027
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ORLANDO LAFAEL VILLALONA
President
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
ORLANDO PAFAEL VILLAGONA
156 49 SW 16th Street
- Jembroke Pines Fl 33027
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ORLANDO RAFAEL VILLALONA
15649 SW 16th Street
Pembroke Pines Fl 33027

## Required Signatures:

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

Registered Agent Date 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.

ANDO RAFAEL VILLATIONA