

P21000085482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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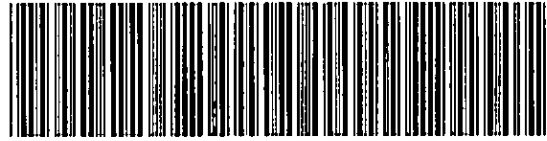
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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c

COVER LETTER

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

SUBJECT: Bellytrade & Son, 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: Gbola A. Ayodele
Name (Printed or typed)

6745 College Court
Address

Davie, FL 33317
City, State & Zip

(754) 249-0600
Daytime Telephone number

ganyoel@yahoo.com
E-mail address: (to be used for future annual report notification)

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

SECRET
TALLAHASSEE, FL

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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: Goligtrade & Son, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6745 college court

DAVIE, FL 33317

Mailing address, if different is:

SAME AS

Principal address

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gbola A. Ayodele, President Title: N/A

Address: 6745 college ct Address: DAVIE, FL 33317

Name and Title: N/A Name and Title: N/A

Address: Address:

Name and Title: N/A Name and Title: N/A

Address: Address:

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SECRETARY
TALLAHASSEE, FL

Name and Title: N/A Name and Title: N/A

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Gbolag A. Ayodele
Address: E 745 College Ct
Davie, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gbolag Ayodele
Address: E 745 College Ct
Davie, FL 33317

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:

Gbolag A. Ayodele 9/21/21
Required Signature/Registered Agent 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.

Gbolag A. Ayodele 9/21/21
Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE, FL
FBI