

P21000094382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

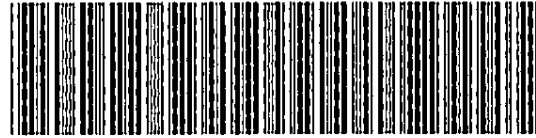
Special Instructions to Filing Officer:

W21000116371

Office Use Only

T. SCOTT

NOV - 4 2021



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08/20/21--01026--005 **78.75

2021 OCT 15 PM 12:45

COVER LETTER

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

SUBJECT: GIL MARTINEZ ENTERPRISES 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JOSE ALBERTO GIL MARTINEZ
Name (Printed or typed)

13621 BAYVIEW ISLE DR. APT #305
Address

ORLANDO, FL 32824
City, State & Zip

407 244 6896
Daytime Telephone number

JOSEALBERTOGIL10@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2021

JOSE MARTINEZ
13621 BAYVIEW ISLE DR. APT #305
ORLANDO, FL 32824

SUBJECT: GIL MARTINEZ ENTERPRISES INC,
Ref. Number: W21000116371

We have received your document for GIL MARTINEZ ENTERPRISES INC, and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 421A00020332

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: Gil Martinez Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
13621 Bayview Isle Dr., Apt #305, Orlando, FL 32824

Mailing address, if different is:

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose A. Gil Martinez, President

Name and Title: _____

Address 13621 Bayview Isle Dr., Apt #305,
Orlando, FL 32824

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2:28 PM OCT 15 PM 12:45
6:15:13

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: Jose Alberto Gil Martinez

Address: 13621 Bayview Isle Dr.

Apt #305, Orlando, FL 32824

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jose Alberto Gil Martinez

Address: 13621 Bayview Isle Dr.

Apt #305, Orlando, FL 32824

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 Agent

08 / 17 / 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

08 / 17 / 2021

Date