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Division of Corporations

P21 000095789

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: STEWARTMRR@AOL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
GH GLOBAL SOLUTIONS CORP

Certificate of Status	1
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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:

GH GLOBAL SOLUTIONS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5369 NORTH HIATUS ROAD

SUNRISE, FL 33551

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1,500 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HILLEL TAL - CO-PRESIDENT/DIRECTOR

Name and Title: GADI WOLBERG - CO-PRESIDENT/DIRECTOR

Address: 5369 NORTH HIATUS ROAD

Address: 3537 BIMINI AVENUE

SUNRISE, FL 33551

HOLLYWOOD, FL 33026

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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: HILLEL TALAddress: 5369 NORTH HIATUS ROADSUNRISE, FL 33551**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: HILLEL TALAddress: 5369 NORTH HIATUS ROADSUNRISE, FL 33551**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

HILLEL TAL

NOVEMBER 8, 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

HILLEL TAL

NOVEMBER 8, 2021

Date

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