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COVER LETTER

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

SUBJECT:	GGG Real E	State t	toldings inc
Enclosed are an orig	rinal and one (1) copy of the artic	les of incorporation	on and a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Co	S87.50 Filing Fee, py Certified Copy & Certificate of Status L COPY REQUIRED
FROM:	Michael Name	Calyny (Printed or typed)) :
· · · · · · · · · · · · · · · · · · ·	2644 NN		1
		o Bcch State & Zip	PL 32069
	Daytime T Chaelal E-mail address: (to be use	35 - 020 elephone number	
	E-mail address: (to be use	d for future annual	report hotification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAME the name of the corporation shall be: GGG Real RTICLE II PRINCIPAL OFFICE			1 .		
Principal street address 21044 NW at Street	(Same) Mailing address, if different is:				
Pompano Bch, PL 3300					
	!	r 	· · · · · · · · · · · · · · · · · · ·		
RTICLE III PURPOSE The purpose for which the corporation is organized is:	d Aul L	awful	business.		
	;	,	,		
	:	·			
	<i>J</i>	.			
	:				
ARTICLE IV SHARES	:		,		
The number of shares of stock is:	-				
			7071		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	:		73		
Name and Title: Michael Cilynn (7) Na	me and Title:_				
Address 2444 NW at Street A	idress:				
Pompano Bch, 12 33169	.,	·	<u>.</u>		
<u>, 077. par</u>	:				
	-				
Name and Title: Midnad A. Glynn (D) N	ame and Title:				
Martif day Ath Colons of	ddress:				
	daress:, _				
Pompano Bch, Fr 38069	· -				
		١. ١	all Call of		
Name and Title: Kaphael (1 (1 lynn W) N	ame and Title:	TANDI	er mollynn L		
Name and Title: Raphael L. (Ilynn (D) N Address 2044 NW 95 Shreet A	ddress:	2644	m qui sheet		
Pompano sch, FL 33069	:	Pompu	10 BCh, FL 330		
101140100	•	401-7	11		
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Name and Title	::	Name and I	Title:		_
Address		Address:			_
					
			•	·	
					
				·	
ARTICLE VI REGI	ISTERED AGENT 1 street address (P.O. Box NOT acceptable)	of the registere	d agent is:		
The name and Plonds	highoel A Flynn				
Name: _W	honder A. Ellytti	`			
Address:	with NM ar street	- - .			
\mathcal{F}	Empuro Bch, FL3201	24	:		
	, ,			1~7	
ARTICLE VII INC	<u>ORPORATOR</u>		.•	<u> </u>	
The name and address	ss of the Incorporator is:			·· <u>-</u>	·
Name:	Michael Glynn			7	
	Slett NW ar Street	<u> </u>		멷	
Address:	Brusano Beh 6 3	2069			
	Join to south as			<u></u>	
ARTICLE VIII EF	FECTIVE DATE:	01001	· ·		
Effective date, if other	er than the date of filing:	annot be more	(OPTIONAL) than five days prior	or 90 days after the	•
filing.)				•	
Name. If the date inc	erted in this block does not meet the applic	able statutory f	iling requirements, th	s date will not be list	ed as
the document's effect	ctive date on the Department of State's reco	ords.			
Uavina heen named	as registered agent to accept service of proc	ess for the abov	e stated corporation a	the place designated	in this
certificate, I am fam	as registered agent to accept service of prociliar with and accept the appointment as rej	gistered agent a	nd agree to act in this	cupacity 1 A - (
			<u></u>	<u> 115121</u>	
	Required Signature/Registered Agent	ţ		· Date	مبدالسي
I submit this docum	nent and affirm that the facts stated herein partment of State constitutes a third degree	n are true. I an felony as provid	i aware that the false led for in s.817.155, F	information submitt S.	eu in u
document to the Dep	partment of Sinte constitutes a third degree	,		n loth	
D 10:	(Incorporator		Date		
Required Signature	ullwibuam		• ,		