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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

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FLORIDA PROFIT/NON PROFIT CORPORATION GB DEVELOPMENT & RESEARCH INC.

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COVER LETTER

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

SUBJECT:	GB Development & Research Inc.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFF					
Enclosed are an orig	ginal and one (1) copy of the art	ricles of incorporation an	d a check for:		
C3 \$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 CO	PPY REQUIRED		
FROM:	_	atkins, Nelson Mullins (Printed or typed)			
	251 Royal Pa	ılm Way Suite 215			
		Address			
	Palm Beach 1				
	-	State & Zip			
	561.659.86 Daytime T	elephone number			
	jeronimoguzma	•			
	E-mail address: (to be used		otification)		

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)

ARTICLE I The name of th	NAME ne corporation shall be:			
ARTICLE II	PRINCIPAL OFFICE Principal street add	ress	Mailing address, if different is:	
4123 Ven	etia Way			
Palm Bea	ch Gardens, FL 33318			
ARTICLE III The purpose for	PURPOSE or which the corporation is or	ganized is: engaging in an	y lawful business.	
	-		20	
		-	20/1 D.C.	
			6	
			-1	
ARTICLE IV The number of	SHARES shares of stock is: 1000		1 H H : 5	
	INITIAL OFFICERS AND			
	Discourse	Juzman /President / Name a	and Title: Isabel Boscio / Secretary/Treasure	
Addre	 .	Addres		
	4123 Venetia Way		Palm Beach Gardens FL 33318	
	Palm Beach Garde	ens, FL 33318		
Name a	and Title:	Name a	and Title:	
Addre		Addres		
			·	
		•		
Name a	and Title:	Name a	nd Title:	
Addre		Address		
				

Name an	id Title:	Name and Title:	
Address		Address:	
		-	
ARTICLE VI The name and F	REGISTERED AGENT orida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	Capitol Corporate Services, Inc.		~ >
Address:	515 East Park Avenue 2nd FL		2021 DEC 17
	Tallahassee FL 32301		0EC
			17
ARTICLE VII	<u>INCORPORATOR</u>		MH: 5
The name and ad	idress of the Incorporator is:		
Name:	Dr. Jeronimo Guzman		<u>5</u>
Address:	4123 Venetia Way		
	Palm Beach Gardens FL 33318		
	EFFECTIVE DATE:		
(If an effective diffling.)	other than the date of filing: ate is listed, the date must be specific and o	annot be more than five days p) prior or 90 days after the
Note: If the date	inserted in this block does not meet the appliffective date on the Department of State's rec	cable statutory filing requirement ords.	ts, this date will not be listed as
Having been nam certificate, I am fa	ed as registered agent to accept service of proc amiliar with and accept the appointment as re	ess for the above stated corporati gistered agent and agree to act in	on at the place designated in thi this capacity
Toylo	Taylor Scay, Asst. Scc. on of Capitol Corporate Servi		12/17/2021
	Required Signature/Registered Agent	ces, inc.	Date
I submit this doci document to the L	ument and affirm that the facts stated herein Department of State constitutes a third degree ;	are true. I am aware that the f felony as provided for in s.817.15	alse information submitted in (5, F.S.
/s/ Dr. Jeronimo Guzman		- · ·	12/16/21
Required Signatur	re/Incorporator		ate