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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CORPORATE ACCESS, INC.

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XX **CERTIFIED COPY** _____

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XX **FILING** INC" _____

1. GC FURNITURE, INC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

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

SUBJECT: GC Furniture, 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: Ross H. Manella, Esq.
Name (Printed or typed)

One East Broward Blvd., Suite 1010
Address

Fort Lauderdale, FL 33301
City, State & Zip

954-375-1138
Daytime Telephone number

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

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 NAME

The name of the corporation shall be: GC Furniture Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
645 NW 4th Avenue	
Fort Lauderdale, FL 33311	

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 No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Oswaldo Castaneda, Director	Name and Title:	Maria Del Socorro Lopez Araiza, Director
Address	329 Fairlawn Ave.	Address:	329 Fairlawn Ave.
	Toronto, ON, M5M 1 T4		Toronto, ON, M5M 1 T4
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VII: REGISTERED AGENT:

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

Name: Ross H. Manella, Esq.

Address: One East Broward Blvd.; Suite 1010

Fort Lauderdale, FL 33301

ARTICLE VII: INCORPORATOR

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

Name: Oswaldo Castaneda

Address: 329 Fairlawn Ave.

Toronto, ON, M5M 1T4

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.

_____ 2/2/2022

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.

_____ 2/2/2022

Required Signature/Incorporator Ross H. Manella Date