Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GSL ACCOUNTING SERVICES

Account Number : 120200000184 Phone : (786)796-7993 Fax Number : (754)217-5939

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

| Email | Address: |  |  |  |  |
|-------|----------|--|--|--|--|
|       |          |  |  |  |  |

## FLORIDA PROFIT/NON PROFIT CORPORATION GSL INSURANCE GROUP, INC

Certificate of Status Certified Copy 0 01 Page Count Estimated Charge \$70.00

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

## **ARTICLE I NAME:** The name of the corporation is: GSL INSURANCE GROUP, INC

|              | ARTICLE II PRINCIPAL OFFICE:  |                |
|--------------|---|----------------|
|              | The principal street address and mailing address is:  | 2022           |
| -            | 1001 N FEDERAL HWY, STE 352<br>HALLANDALE BEACH, FL 33009   | JUH -2<br>∵  : |
| -            |   | PH 12:         |
| <u>ARTIC</u> | LE III SHARES: The number of shares of stock is: 100  | 20 S           |
|              | ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:   |                |
|              | GESELLE RAMIREZ (PRESIDENT)   |                |
|              |   |                |
|              |   |                |
|              |   | <del></del>    |
|              |   | <del></del>    |
| <u>ART</u>   | ICLE V INITIAL REGISTERED AGENT AND STREET ADDRI  | ESS:           |
| The na       | me and Florida street address (PO Box not acceptable) of the registered a GSL ACCOUNTING SERVICES | gent is:       |
|              | 1001 N FEDERAL HWY, STE 355<br>HALLANDALE BEACH. FL 33009   |                |
| ARTI         | CLE VI INCORPORATOR: The name and address of the Incorpora  | ator is:       |
|              | GESELLE RAMIREZ  1001 N FEDERAL HWY, STE 352  |                |
|              | HALLANDALE REACH, FI<br>33009   |                |
|              |   |                |

## **Required Signatures:**

To: 18506176381

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



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.

> 06/02/2022 Date