

9/23/22, 9:58 AM

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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.****

AMRO@BADRANTAX.COM

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION
DELIGHT GHJ HOLDINGS CORP

Certificate of Status	1
Certified Copy	0
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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: DELIGHT GHJ HOLDINGS CORP

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>926 HARBOR INN DRIVE</u>	<u></u>
<u>CORAL SPRINGS, FL 33071</u>	<u></u>
<u></u>	<u></u>

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:	<u>SILVIA SANTAMARIA - PRESIDENT</u>	Name and Title:	<u>CARLOS SANTAMARIA - VICE PRESIDENT</u>
Address	<u>926 HARBOR INN DRIVE</u>	Address:	<u>926 HARBOR INN DRIVE</u>
	<u>CORAL SPRINGS, FL 33071</u>		<u>CORAL SPRINGS, FL 33071</u>

SEP 23 PM 2:02

<u>DELIGHT GHJ HOLDINGS CORP</u>	
Name and Title:	Name and Title:
<u>Address</u>	<u>Address:</u>
<u>Copy</u>	<u>03</u>
<u>578.75</u>	

Name and Title:	Name and Title:
Address	Address:
<u></u>	<u></u>
<u></u>	<u></u>

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:Name: SILVIA SANTAMARIAAddress: 926 HARBOR INN DRIVECORAL SPRINGS, FL 33071**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: SILVIA SANTAMARIAAddress: 926 HARBOR INN DRIVECORAL SPRINGS, FL 33071

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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

Silvia Santamaria
Required Signature/Registered Agent SILVIA SANTAMARIA

SEPTEMBER 19, 2022

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.

Silvia Santamaria
Required Signature/Incorporator SILVIA SANTAMARIA

SEPTEMBER 19, 2022

Date Required

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