

# P22000087547

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

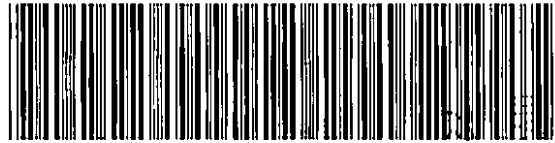
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600392403086

S. CHATHAM  
NOV 28 2022

NOV 28 AM 11:39

RECEIVED  
2022 NOV 28 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/28/2022

**\*\*WALK IN\*\***

ENTITY NAME GAP y DFP Corp.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 70

ACCOUNT # I20140000108

United Corporate

Services, Inc.

Please call Tina at the above number for any issues or concerns. Thank you so much.

*Keith Sheppard*

**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: GAP y DFP Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
540 Brickell Key Dr Unit # 926

Mailing address, if different is:

Miami FL 33131

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Holding of investments

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000 shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gustavo Pico - Director Name and Title: \_\_\_\_\_

Address 540 Brickell Key Dr Unit # 926 Address: \_\_\_\_\_

Miami FL 33131

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: United Corporate Services, Inc.  
Address: 3458 Lakeshore Drive  
Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gustavo Pico  
Address: 540 Brickell Key Dr Unit # 926  
Miami FL 33131

**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*

Michael A. Barr President, United Corporate Services, Inc. 11/23/2022  
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.*

Ty - Dp 11/24/22  
Required Signature/Incorporator Date

FILED  
NOV 28 4:11:39  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT