Electronic Filing Cover Sheet

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.

(((H23000023758 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

- 1	~	-
	v	٠

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

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

Enail	Address	:
-------	---------	---

FLORIDA PROFIT/NON PROFIT CORPORATION GIL ALVAREZ INC.

Certificate of Status	0
Certified Copy	l l
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICIEI NAME: The name of the corporation is:

Gil Plugger Inc.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
1585 W SS PL Hinleah
FL 33012.
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Oneldo E Alvarez
1585 W 55PL Hiplean FL 33012.
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Uneldo E Alvarez
1585 W S5 PL Haleah FL 33012.

Required Signatures:

Having been named as registered agent to accept service of process for the above state corporation at the place designated in this cortificate. I was for the above state	
to accept service of process for the	_
corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and accept the	\mathbf{d}
	20
appointment as registered agent and agree to act in this capacity	16
-Brook to act in this capacity	

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.

Date