

1/31/23, 3:59 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ELO ENTERPRISES, INC  
Account Number : I20150000109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2023 FEB -2 AM 4:31

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

Email Address: sales@eloenterprises.us

## FLORIDA PROFIT/NON PROFIT CORPORATION

G &amp; R HOLDING, USA, Corp.

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

2023 FEB -2 11:59

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE

FEB - 3 2023

**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: G & R HOLDING USA, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

505 Twisted Bark WayPort St. Lucie, FL 34984**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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROBERTO FERREIRO - P

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

Address 505 Twisted Bark Way

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

Port St. Lucie, FL 34984Name and Title: MARIA GABRIELA VASQUEZ - VP

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

Address 505 Twisted Bark Way

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

Port St. Lucie, FL 34984

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

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

Address \_\_\_\_\_

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

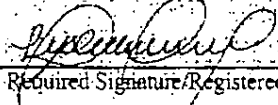
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ELO ENTERPRISES, INC.Address: 4700 NW Boca Raton Blvd #202Boca Raton, FL 33431**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ROBERTO FERREIROAddress: 505 Twisted Bark WayPort St. Lucie, FL 34984**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*

Required Signature/Registered Agent

01/31/2023

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.*Roberto Ferreiro

Roberto Ferreiro (Jan 31, 2023 15:56 EST)

01/31/2023

Required Signature/Incorporator

Date

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