

6/14/23, 3:58 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 : 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.****

Email Address: SJHCPA963@AOL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
 GOTAN SERVICES, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED
 2023 JUN 14 PM 4:41
 CORPORATION
 COMMERCIAL
 SERVICES

2023 JUN 14 PM 12:26
 TALLAHASSEE, FL
 FILED

Handwritten initials/signature

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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: GOTAN SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
855 KILLARNEY LANE
AUBURNDALE, FL 33823

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: SERGIO MOGOLLON - PRESIDENT/DIRECTOR Name and Title: _____
Address 855 KILLARNEY LANE Address: _____
AUBURNDALE, FL 33823
Name and Title: _____ Name and Title: _____
Address _____ Address: _____
Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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TALLAHASSEE FL

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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: SERGIO MOGOLLON
 Address: 855 KILLARNEY LANE
AUBURNDALE, FL 33823

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SERGIO MOGOLLON
 Address: 855 KILLARNEY LANE
AUBURNDALE, FL 33823

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 30 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:

Sergio Mogollon
 Required Signature/Registered Agent

JUNE 14, 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.

Sergio Mogollon
 Required Signature/Incorporator

JUNE 14, 2023
 Date

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 CLERK OF STATE
 TALLAHASSEE, FL