

P23000016175

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GAEL SERVICES CORP
Account Number : I20230000060
Phone : (305)903-7797
Fax Number : (786)615-3110

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

Email Address: Norvinlopez167@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Norvin @ Service Corp

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

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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:

Norvin @ Service Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

17580 NW 68 Ave

Mailing address, if different is:

Hialeah FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Norvin Lopez P.

Name and Title:

Address

17580 NW 68 Ave
Hialeah FL 33015

Address:

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: Norvin Lopez

Address: 17580 NW 68 Ave
Hialeah FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Norvin Lopez

Address: 17580 NW 68 Ave
Hialeah FL 33015

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/12/2023. (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.

(Signature)

Required Signature/Registered Agent

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.

(Signature)

Required Signature/Incorporator

Date

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2023 OCT 25 AM 5:02
10/12/2023
Date