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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GAEL SERVICES CORP

Account Number : 120230000060 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.

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Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE I NAME name of the corporation		. •	
TICLE II PRINCIPA DS(1) 15 I	AL OFFICE picipal street address		g address, if different is:
liami Fl	. 33135		
TICLE III PURPOSE purpose for which the c	corporation is organized is:		
number of shares of sto	ck is:		
TICLE V INITIAL (Name and Title: Address	OFFICERS AND/OR DIRECTORS	Name and Title:	
TICLE V INITIAL ON Name and Title: Address	officers and or directors 110+05 Laguna 1 10 SCU 15 AVE		
Name and Title: Address	officers and or directors lictor Laguna 10 Scu 15 Ave 10 ami FL 3313		
Name and Title: Name and Title:	officers and or directors lictor Laguna 10 Scu 15 Ave 10 ami FL 3313	Name and Title: Address: Name and Title:	
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Name and Title: Address Name and Title: Address Address	officers and or directors lictor Laguna 10 Scu 15 Ave Liqui FL 3313	Name and Title: Address: Name and Title: Address:	2021 NO F

Name and Title:	Name and Title:
Address	Address:
<u> </u>	
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ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: 10 Swisher 10 Swishe	the registered agent is:
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Victor Laguina	
Address: 10 SW 15 AVE Miami FL 3313	- 5
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot filing.)	. (OPTIONAL) It be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process f certificate, I am familiar with and accept the appointment as register	or the above stated corporation at the place designated in this red agent and agree to act in this capacity
() cantal the	
Required Signature/Registered Agent I submit this document and dffirm that the facts stated herein are	/ Date :
document to the Department of State constitutes a third degree felon	y as provided for in s.817.155, F.S.
h letter had	11/06/2023
Required Signature/Incorporator	Date /- /co
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