

**P24000023522**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ATESIANO TAX SERVICES  
Account Number : I20190000123  
Phone : (305)928-1137  
Fax Number : (786)349-4952

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

Email Address: ledyguerra0203@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
GL NAILS COMPANY INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

**FILED**  
2024 APR -3 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: GL NAILS COMPANY INC

2024 APR -3 PM 3:11

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1635 NW 9 CT

SAME

SECRETARY OF STATE  
TALLAHASSEE, FL  
Mailing address, if different is:

HOMESTEAD FL 33030

**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: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Leidy F Guerra Oliva, President

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

Address 1635 NW 9 CT

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

Homestead FL 33030

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

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

Address \_\_\_\_\_

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

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: Leidy F Guerra Oliva

Address: 1635 NW 9 CT

HOMESTEAD FL 33030

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leidy F Guerra Oliva

Address: 1635 NW 9 CT

Homestead FL 33030

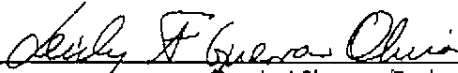
**ARTICLE VIII EFFECTIVE DATE:**

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*

<u></u>	<u>04/03/2024</u>
Required Signature/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.*

<u></u>	<u>04/03/2024</u>
Required Signature/Incorporator	Date