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To:	Division of Corpo	orations (XXX)	
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From:		3 , 3 ,	
	Account Name :		
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	Phone :	(305)595-2407	
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FLORIDA PROFIT/NON PROFIT CORPORATION

gs installation inc

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

April 4, 2024

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

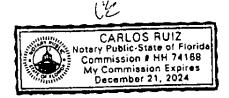
Re: GS INSTALLATION INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

CONTAIN CANILINE



COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	INSTALLATION INC				
30D3EC1	(PROPOSED CORPOR	ATE NAME – <u>MUST INCLU</u>	DE SUFFIX)		
Enclosed are an	original and one (1) copy of the a	rticles of incorporation and	a check for:		
	0 ☐ \$78.75 re Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	Filing Fee,		
		ADDITIONAL CO	•		
FROM:	MARIA E RUIZ				
	Name (Printed or typed) 7750 SW 117TH AVE SUITE 203				
	MIAMI FLORIDA 33186	Address			
	City, State & Zip				
	305 595-2407				
	Daytime	Telephone number			
	MARIAQUIROS9@HOTMAIL.COM	1			
•	E-mail address: (to be us	ed for future annual report n	otification		

NOTE: Please provide the original and one copy of the articles.

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

	ion shall be: GS INSTALLATION INC	<u> </u>	
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing add	lress, if different is:
17472 SW 142 COUP	रा		
MIAMI FLORIDA 33	177		
	he corporation is organized is:		
			2024 SEC
			APR
ARTICLE IV SHAR The number of shares of	<u>ES</u> 100 stock is:		ERY OF S
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		5:31 5:41E
Name and Titl	c: GONZALO SANJINES, PRES	Name and Title:	
Address	17472 SW 142 COURT	Address:	
	MIAMI FLORIDA 33177		
Name and Title	::	Name and Title:	
Address		Address:	
Name and Title	: <u></u>	Name and Title:	
Address		Address:	
	<u> </u>		
			

Name an	d Title:	Name and Title:
Address		
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT accep GONZALO SANJINES	otable) of the registered agent is:
	17472 SW 142 COURT	
Address:	MIAMI FLORIDA 33177	2024 A
<u>ARTICLE VII</u>	INCORPORATOR	TOZY APR = 8 PM S SECNETARY OF S TALLAHASSEE,
The name and a	ddress of the Incorporator is:	Se
Name:	GONZALO SANJINES	
Address:	17472 SW 142 COURT	
	MIAMI FLORIDA 33177	
Effective date, is (If an effective filing.) Note: If the dat		. (OPTIONAL) Indication of the days prior or 90 days after the opplicable statutory filing requirements, this date will not be listed as records.
Having been na certificate, I apr	med as registered agent to accept service of Jamiliar with and accept the appointment o	process for the above stated corporation at the place designated in this sregistered agent and ugree to act in this capacity
V SAX	(iv)	04/04/2024
	Required Signature/Registered A	gent Date
I submit this do document to the	Cuplent and affirm that the facts stated h Department of State constitutes a third deg	erein are true. I am aware that the false information submitted in tree felony as provided for in s.817.155, F.S.
	Ful	04/04/2024
Required Signal	nure incorporator	Date