

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION G&B MIAMI AUTO SALE CO

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

RECEIVED
2024 SEP 30 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

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: G&B MIAMI AUTO SALE CO

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14920 NW 22ND AVE

OPA LOCKA, FL 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICIA D BELET RIVERO-P

Name and Title: JOSE MANUEL GUTIERREZ HERNANDEZ-VP

Address: 14920 NW 22ND AVE

Address: 14920 NW 22ND AVE

OPA LOCKA, FL 33054

OPA LOCKA, FL 33054

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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 CLERK OF STATE
 TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PATRICIA D BELET RIVERO

Address: 14920 NW 22ND AVE

OPA LOCKA, FL 33054

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: PATRICIA D BELET RIVERO

Address: 14920 NW 22ND AVE

OPA LOCKA, FL 33054

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*

X

Required Signature/Registered Agent

09/24/2024

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.*

X

Required Signature/Incorporator

09/24/2024

Date