

P240000069885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

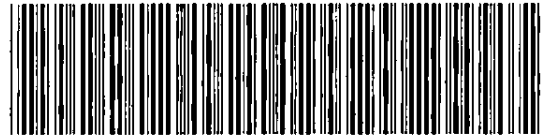
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FLORIDA

COVER LETTER

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

SUBJECT: G & G Construction of Florida Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

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FROM: Fatima Castaneda
Name (Printed or typed)

227 Ross Road
Address

Tallahassee, FL 32305
City, State & Zip

850 296 5549
Daytime Telephone number

fatima.castaneda.876@cychoo.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: G & G Construction of Florida Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

227 Ross Road
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business
purpose

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS CEO

Name and Title: Fatima Castaneda

Name and Title: _____

Address: 227 Ross Road
Tallahassee, FL
32305

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: Community Business Services Inc
Address: 1211 W Thayer St
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Fatima Custodia
Address: 222 Ross Road
Tallahassee, FL 32303

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DEPT. OF STATE

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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

Reshawn
Required Signature/Registered Agent

10/30/2024
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.

Fatima
Required Signature/Incorporator

10/30/2024
Date

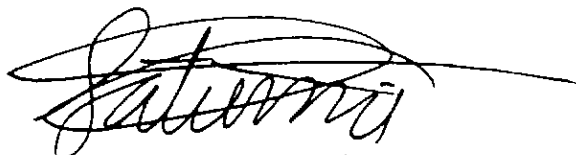
G & G Construction of Florida, Inc
227 Ross Road
Tallahassee, FL 32305

Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Dear Florida Department of State/Division of Corporations,

We are writing to release the name attached to Document Number P22000039071. We no longer need the name for our business purposes. *I will not file the reinstatement would like to release the name for use.*

Thank you,


Fatima Castenada, President

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