

P950000 24358

TRANSMITTAL LETTER

FILED

95 MAR 27 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

200001440592
-03/27/95--01072--010
122.50 *122.50

SUBJECT: GORIGARE Inc.

(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Joseph Bruny
Name (printed or typed)

109 NE 64 Terrace
Address

Miami FL 33138
City, State & Zip

(305) 751-3687
Daytime Telephone number

Will wait

NANCY HENDRICKS MAR 28 1995

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

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GORIGARF Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

109 NE 64 Terrace
Miami FL. 33138

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares -

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joseph Bruny
109 NE 64 Terrace
Miami FL. 33138

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

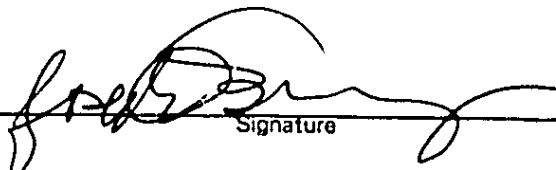
Claudel Lafaque President -
109 NE 64 Terrace. Miami FL. 33138

Suzette Philippe Secretary -
109 NE 64 Terrace. Miami FL. 33138

Joseph Bruny Member -
109 NE 64 Terrace - Miami FL. 33138

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27th day of March, 1995.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: GORIGARF Inc

2. The name and address of the registered agent and office is:

Joseph Bruny
(Name)
109 NE 64 Terrace
(P.O. Box or Mail Drop Box **NOT** acceptable)
Miami FL 33138
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joseph Bruny
(Signature)

3/27/95
(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1996 OCT 21 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001991155--6
-10/30/96--01114-019
****174.25 ****174.25
500001991155--6
-10/30/96--01114-020
*****0.75 *****0.75

DO NOT WRITE IN THIS SPACE

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 95000024358

1. Corporation Name

GORIGARF INCORPORATED

Principal Place of Business

109 N.E. 64TH TERRACE
MIAMI, FL 33138

Mailing Address

- SAME -

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

- NA -

3. New Mailing Address, If Applicable

- NA -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-27-95

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LAFAQUE, CLAUDEL	109 N.E. 64TH TERRACE	MIAMI, FL 33138
S	PHILIPPE, SUZETTE	109 N.E. 64TH TERRACE	MIAMI, FL 33138

REINSTATEMENT

500001991155--6
-10/30/96--01114-021
****208.75 ****208.75

8. Name and Address of Current Registered Agent

REPLACED BY NEW AGENT

9. Name and Address of New Registered Agent

Name

RON CORDON, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

335 NORTHWEST 54TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33127

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ron Cordon
REGISTERED AGENT MUST SIGN

Date 10/17/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect under oath.

SIGNATURE:

Claudel Lafaque

10/17/96

Date

Daytime

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR