20109146 OFFICE (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Document # ) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Walk in Rick up time 🥌 Certificate of Status Will wait Photocopy Mail out **AMENDMENTS** NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other 7000030693**1**7--3 -12/14/99--01055--010 REGISTRATION/ OTHER FILINGS ※米米米年78.75 \*\*\*\*\*78.75 OUALIFICATION Annual Report Foreign Fictitious Name Limited Parthership Name Reservation Reinstatemen **Vrademati** Other Examiner's Initials

CR2E031(9/92)



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 14, 1999

**LAZARUS** 

MIAMI, FL

SUBJECT: G S PROPERTIES INC. Ref. Number: W99000028477

We have received your document for G S PROPERTIES INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 899A00058645

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## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation und Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.	99 DI
ARTICLE I NAME	C 17 PI
The name of the corporation shall be:	
- PROPERTIES GS, INC.	53 53

#### ARTICLE II PRINCIPAL OFFICE

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

6325 N.W 175 Terrace	- * = *
Miami, FL 33015	•
	-
	•

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

100 @ \$ 1.00 par value

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

ARTICLE III SHARES

The name and address of the initial registered agent is:

Glibert Sambolin

	6325	NW	175	Terrace	
•	Miami	FL	330	15	
					•

### ARTICLE V INCORPORATOR(S)

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

Gilbert Sambolin 6325 N.W. 175 Terrace Miami, FL 33015

#### ARTICLE VI DIRECTOR(S)

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

Gilbert Sambolin 6325 N.W. 175 Terrace Miami, FL 33015 (President)

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_13 \_\_\_\_ day of \_December \_\_\_\_\_, 1999 \_.

Signature

Signature

Signature

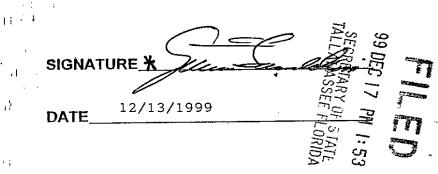
Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

The name of the corporation is:_	PROPERTIES GS, INC.
The name and address of the reg	istered agent and office is:
Gilbert Sambolin	- <u>-</u>
۸)	IAME)
6325 N.W. 175 Terra	ce <u>'</u>
(P.O. BOX <u>NO</u>	OT ACCEPTABLE)
Miami, FL 33015	
(CITY/S	STATE/ZIP)

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.



REGISTERED AGENT FILING FEE: \$35.00