Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GAEL SERVICES CORP

Account Number : I20230000060 : (305)903-7797 Phone : (786)615-3110 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION SOMMELIER'S SERVICES CORP

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Help



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

ARTICLE I NAME The name of the corporati	on shall be: Somme lier	's Service	s corp
ARTICLE II PRINC	IPAL OFFICE Principal extreet address	Mailin	g address, if different is:
Miami F	L 33137		
ARTICLE III PURPO The purpose for which the	ISE ne corporation is organized is:		
			2024 ALII A
ARTICLE IV SHARI The number of shares of	ES stock is: 100		FIL MAR 29 RETARY O HASSEE,
	Enrique Martinez	.Name and Title:	ED PH 1: FLERIN
Address	, J.M. 1	_ Address:	
	Miani FL 33137	-	
Name and Title	:		
Address			
Name and Title	:		
Address		Address:	
		_	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT	
Name: Eurique Marti	1/6-2
Address: 162 NE 25th	St apt # 1008
Miani FL3	3137
ADTICLE VILL INCORPORATION	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	10
Name: Entique May	linez St upt#1008
Address: 162NE 25	St Apt # WO
Miami FL 3	3(3)
ARTICLE VILL EFFECTIVE DATE:	28/2024 (OPTIONAL)
(If an effective date is listed, the date must be specifiling.)	28/2024 . (OPTIONAL) fic and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the document's effective date on the Department of S	the applicable statutory filing requirements, this date will not be listed as tate's records.
Having been named as registered agent to accept servi certificate, I am familiar with and accept the appointm	ce of process for the above stated corporation at the place designated in this sent as registered agent and agree to act in this capacity
C A 21-	- 100/0.24
Required Signature/Registe	red Agent Date
I submit this document and affirm that the facts star document to the Department of State constitutes a thir	ted herein are true. I am aware that the false information submitted in a ed degree felony as provided for in s.817.155, F.S.
with the begin made of once comments	, ,
Required Signature/Incorporator	Date 3/28/2024
Conferm Ag Overcom program as the As area.	