

Feb. 4, 2025 2:57PM

Vol. 272 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**P25000040673**

2-5-25

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000040673 3)))



H250000406733ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : 120030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

\*\*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  
GU CAPITAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

2025 FEB -4 PM 4:37

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25 FEB -4 PM 9:16

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February 4, 2025

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GERALD WEINBERG, P.C.

SUBJECT: GU CAPITAL, INC.  
REF: W25000013771

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any further questions concerning your document, please call (850) 245-6052.

Tabitha J Howell  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H25000040673  
Letter Number: 225A00002254

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25 FEB - 1 PM 9:16

Feb. 4. 2025 2:58PM

H250000 406733

No. 272 P. 3

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:

GU CAPITAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

500 N HIATUS RD #107

PEMBROKE PINES, FL 33026

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT H. SHERMAN MD, : PRES.

Address: 160 DOCKSIDE CIRCLE

WESTON, FL 33327

Name and Title: SERGIA S. SHERMAN, VICE PRES.

Address: 160 DOCKSIDE CIRCLE

WESTON, FL 33327

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Feb. 4. 2025 2:50 PM

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No. 272 F. 4

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: ROBERT H. SHERMAN MD

Address: 160 DOCKSIDE CIRCLE  
WESTON, FL 33327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAWRENCE KIRSCH

Address: 41 STATE STREET STE 700

ALBANY, NY 12207

**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

Robert H. Sherman  
Required Signature/Registered Agent

2/1/2025

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.

Lawrence A. Kirsch

Required Signature/Incorporator

Date

2/3/2025

Date

4

PM

9:16

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DEPT. OF

REGISTRATION

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