Division of Corporations

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Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

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From:

: AL CLARK Account Name

Account Number : 072100000173 Fax Number : (727)397-5189

## FLORIDA PROFIT CORPORATION OR P.A.

G.T., INC.

Certificate of Status	0
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#### ARTICLES OF INCORPORATION

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

G.T., INC.

SECRETARY OF STATE DIVISION OF CORPORATIONS

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#### ARTICLE II PRINCIPAL OFFICE

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

#### 2501 GRANADA CIRCLE E. ST.PETERSBURG, FL 33712

#### ARTICLE III SHARES

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

#### 1000 SHARES NO PAR

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

prepared by:

Name: GALE TULL

Address: 2501 GRANADA CIRCLE E.

ST.PETERSBURG, FL.33712

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Florida 33777

PH # 727-864-5503

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ARTICLE V DIRECTOR(S)

The number of directors constituting the initial Board of Directors of the corporation is One (1) and the name(s) and address(es) of the person(s) who is to serve as director(s) until the first annual meeting of shareholders or until his or her successor(s) is(are) elected and qualified is(are):

Gale A. Tull 2501 Granada Circle E. St. Petersburg, FL. 33712

ARTICLE VI INCORPORATOR(S)

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

Gale A. Tull 2501 Granada Circle E. St. Petershurg, FL. 33712

The undersigned incorpora	ator(s) has (have)	executed these Articles of Incorporation this
	November	. 19 99
(An additional artic	le must be added i	f an effective date is requested.)

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, , , , , , , , , , , , , , , , , , , ,	Signature	
	Signature	
	2:Summe	
	Signature	

Notarization is not required

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PHONE NO. : 7273975189

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## 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:	AON 66	DIVISION
<u>G.T., INC.</u>	- R - R -	TORSED TORSED
2. The name and address of the registered agent and office is:	2: 04	STATE

Accounting & Tax Help, INC.
(Name)

8668 PARK BLVD., Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (City/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.

(Signature)

PRESIDENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314