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PICK-UP		WAIT	MAIL
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SECRETARY OF STATE

Other signature.

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: GPC, INC.
(Name of corporation - must include suffix)
Dear Sir or Madam;
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
MARK S. ROSMAN, CPA
(Name of Person)
ROSMAN AND COMPANY
(Firm/Company)
99 W HAWTHORNE AVENUE SUITE 610
(Address)
VALLEY STREAM, NY 11580
(City/State and Zip code)
For further information concerning this matter, please call: For further information concerning this matter, please call: SEP 20
MARK S. ROSMAN, CPA at (518) 561-2727
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations Corporations Division of Corporations Registration Section Division of Corporations R.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
Ø \$70.00 Filing Fee



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 1, 2005

MARK S. ROSMAN, CPA ROSEMAN AND COMPANY 99 W. HAWTHORNE AVENUE, SUITE 610 VALLEY STREAM, NY 11580

SUBJECT: GPC, INC.

Ref. Number: W05000036168

We have received your document for GPC, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6913.

Letter Number: 105A00049559

Diane Cushing Document Specialist

Division of Corporations P.O. ROY 6397, Tallahassea, Florida 39314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of c	orporation; must include "INCORPORAT	ED," "COMPANY," "CORPORATIO	ON,"	-
"Inc.," "Co.," "C	'orp." "Ine," "Co," or "Corp.")			
		,		
(If name unaveil)	able in Florida, enter alternate corporate na	ame adopted for the purpose of transact	ing business in Florida	<u>)</u>
2. NEW YORK		3. 13-4083310		•
(State or country	under the law of which it is incorporated)	(FEI number, if ap	plicable)	
4_ 10/08/1999		5. PERPETUAL		
(Date	of incorporation)	(Duration: Year corp. will cease	to exist or "perpetual")	<u> </u>
6. 07/01/2005				
		eas in Florida, if prior to registration)	Great	
2.2.2.3.2.7PM MSP 2.2PM	•	17.1502, F.S., to determine penalty liabi	nty <i>j</i>	
7,411 WEST 44TI	H STREET SUITE 4, NEW YORK, NY (Principel office			-
O'O DODIANI		·	F611 b0/44000	
C/O ROSMAN A	AND COMPANY 99 W HAWTHORNE (Current mailing		EAM, NY 11560	
	,		Z S TAI	
8. REPAIRS, RENOVATIONS, RETAIL COMMERCIAL PROPERTY		ECC.	_	
(Purpose(s) of corporation surportized in home state of	or country to be carried out in state of F	lorida SEP	1
9. Name and stree	t address of Florida registered agent: ((P.O. Box NOT_acceptable)	20 SSE	ğ.
Name:	CORP DIRECT AGENTS, INC.		Po	
i valitita.	4414 4445		S 7	
	A			-
	616 EAST PARK AVENUE	managaris Aggis Madindon	유로 ₩	
	TALLAHASSE E	, Florida 32301		
		, Florida 32301 (Zip code)	유로 ₩	
Office Address:	TALLAHASSE E (City)	, Florida 32301 (Zip code)	유로 ₩	
Office Address: 10. Registered ag Having been nam	TALLAHASSE E (City) gent's acceptance: ed us registered agent and to accept se	(Zip code) ervice of process for the above state	d corporation at the	place
Office Address: 10. Registered ag Having been nam- designated in this	TALLAHASSE E (City) gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appoi	(Zip code) ervice of process for the above state intment as registered agent and agr	d corporation at the see to act in this caps	ecity. I
Office Address: 10. Registered ag Having been num designated in this further agree to ce	TALLAHASSE E (City) gent's acceptance: ed us registered agent and to accept se	(Zip code) ervice of process for the above state intment as registered agent and agr es relative to the proper and comple	d corporation at the see to act in this caps	ecity. I
Office Address: 10. Registered ag Having been nam designated in this further agree to ce	TALLAHASSE E (City) gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appoi amply with the provisions of all statute with and accept the obligations of my	(Zip code) ervice of process for the above state intment as registered agent and agr es relative to the proper and comple o position as registered agent.	d corporation at the see to act in this caps	ecity. I
Office Address: 10. Registered ag Having been num designated in this further agree to ce	TALLAHASSE E (City) gent's acceptance: ed as registered agent and to accept se application, I hereby accept the appoi omply with the provisions of all statute	(Zip code) ervice of process for the above state intment as registered agent and agr es relative to the proper and comple o position as registered agent.	d corporation at the see to act in this caps	ecity. I

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

^{12.} Names and business addresses of officers and/or directors:

A. DIRECTORS	_	\
Chairman		1
Chairman: GERALD EISENHAUR		
Address: RR #2 BOX 2924		
SAYLORSBURG, PA 18353		
Vice Chairman		
Address:		
Director;		
Address:		·
Director:		
Address:		
B. OFFICERS		
· · · · · · · · · · · · · · · · · · ·		
President: GERALD EISENHAUR		
Address: RR #2 BOX 2924		
SAYLORSBURG, PA 18353	ZUCS ALLIZA	_
Vice President:		
Address:	T T T	
	F17	_ T]
Consistent		
Secretary;		
Address		_
Treasurer:		-
Address:	·	
NOTE: If necessary, you may attach an addendum to the application listing additional office	rs and/or directors.	
I Manta Man		
(Signature of Director or Officer listed in number 12 of the application)	_
14. NA Gerald Eisenhaur President		_
(Typed or printed same and canacity of percent signing application)		

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of GPC, INC. was filed on 10/08/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

NE W

Witness my hand and the official seal of the Department of State at the City of Albany, this 27th day of July two thousand and five.

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SECRETARY OF STATE