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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GPD SERVICES COMPANY, 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," or "Certificate of Good Standing" 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:

DEBBIE MCMANAMON

Name of Person

GPD SERVICES COMPANY, INC.

Firm/Company

520 S. MAIN ST., SUITE 2531

Address

AKRON, OH 44311

City/State and Zip code

DMCMANAMON@GPDGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie McManamon

Name of Person

at (330) 572-2100

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Cop ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

1. GPD SERVICES COMPANY, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

GPDS, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OHIO

(State or country under the law of which it is incorporated)

3. 34-1378518

(FEI number, if applicable)

4. 03/31/1981

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON APPROVAL

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 520 S. MAIN ST., SUITE 2531, AKRON, OH 44311

(Principal office address)

520 S. MAIN ST., SUITE 2531, AKRON, OH 44311

(Current mailing address)

8. CONSTRUCTION MANAGEMENT

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 S. PINE ISLAND RD.

PLANTATION

(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Diane Stout, Asst. Secretary

(Registered agent's signature)

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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A. DIRECTORS

Chairman: SEE ATTACHED

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Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. JAMES R. SHIVES, TREASURER

(Typed or printed name and capacity of person signing application)

**State of Florida
Certificate of Authority**

12A Directors

	Title	Address
Bradley D. Cramer	Director	520 S. Main St., #2531, Akron, OH 44311
Jeffrey D. Evans	Director	520 S. Main St., #2531, Akron, OH 44311
David B. Granger	Director	520 S. Main St., #2531, Akron, OH 44311
Darrin Kotecki	Director	520 S. Main St., #2531, Akron, OH 44311
David J. Martin	Director	520 S. Main St., #2531, Akron, OH 44311
James R. Shives	Director	520 S. Main St., #2531, Akron, OH 44311
Jeffrey T. Woods	Director	520 S. Main St., #2531, Akron, OH 44311

12B Officers

Bradley D. Cramer	President	520 S. Main St., #2531, Akron, OH 44311
Jeffrey D. Evans	Vice President	520 S. Main St., #2531, Akron, OH 44311
Jeffrey T. Woods	Secretary	520 S. Main St., #2531, Akron, OH 44311
James R. Shives	Treasurer	520 S. Main St., #2531, Akron, OH 44311

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**United States of America
State of Ohio
Office of the Secretary of State**

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GPD SERVICES COMPANY, INC., an Ohio corporation, Charter No. 571816, having its principal location in Akron, County of Summit, was incorporated on March 31, 1981 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 2nd day of September, A.D. 2009*

A handwritten signature in cursive script, reading "Jennifer Brunner".

Ohio Secretary of State