

N160000000730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

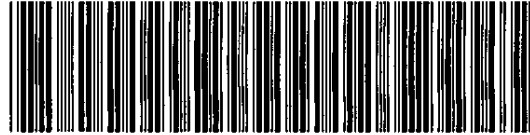
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300280872593

01/14/16--01015--028 **70.00

RECEIVED
16 JAN 14 AM 10:02
CLERK OF THE COURT
STATE OF FLORIDA

END 1/27

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: GQ TO THE RESCUE, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: G Q Haze

Name (Printed or typed)

401 E. Las Olas Blvd., Suite 1650

Address

Ft. Lauderdale, FL 33301

City, State & Zip

239-989-3999

Daytime Telephone number

gq_haze@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: GQ To The Rescue, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
401 E. Las Olas Blvd.,

Suite 1650

Ft. Lauderdale, FL 33301

Mailing address, if different is:

FILED
16 JAN 14 AM 10:02
CLERK OF DISTRICT COURT
JULIA K. HARRIS, CLERK
STATE OF FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Promoting education around the disciplines of exercise, proper nutrition, and natural supplementation in the fight against obesity and diabetes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: G Q Haze, President & Chairman

Address: 401 E. Las Olas Blvd., Suite 1650
Ft. Lauderdale, FL 33301

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ 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 acceptable) of the registered agent is:

Name: Joshua D. Margolis, Esq.
Address: 401 E. Las Olas Blvd., Suite 1650
Ft. Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: G Q Haze
Address: 401 E. Las Olas Blvd., Suite 1650
Ft. Lauderdale, FL 33301

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 business days prior or 90 business 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

Required Signature of Registered Agent

01/13/2016

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Required Signature of Incorporator

01/13/2016

Date

FILED
16 JAN 14 AM 10:02
TALLAHASSEE FL 32301