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TRANSMITTAL LETTER

FILED JAN 20 PM 1:35 00 SECHETARY OF STATE TALLAHASSEE, FLORIDA

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

INANCIAL SERVICES, INC. AARRE-SUBJECT:

Proposed corporate name - must include suffix

Enclosed is an original and one (1) copy of the articles of incorporation and a check

for :

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\$70.00 Filing Fee \$78.75 Filing Fee & Certificate

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Filing Fee & Certified Copy Filing Fee, Certified Copy & Certificate

> 12/08/99--(****131.25

FROM:

Name (printed or type

DRIVE Address

RFT

33458

259 561-575-

Daytime Telephone number

789,9545,3550 m/99-28180

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

D. BROWN JAN 2 0 2000



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 9, 1999

TIM GARRETTSON 18223 LAKEBEND DRIVE JUPITER, FL 33458

SUBJECT: GARRETTSON FINANCIAL SERVICES, INC. Ref. Number: W99000028180

We have received your document for GARRETTSON FINANCIAL SERVICES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 487-6972.

Doris Brown Document Specialist

Letter Number: 899A00058102



GARRETTSON FINANCIAL SERVICES, INC. 18223 Lakebend Drive Jupiter, FL, 33458 561-743-7738

12-15-1999

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P O BOX 6327 TALLAHASSEE, FL, 32314 ATT: DORIS BROWN, Document Specialist

RE: letter # 99000028180

Dear Ms Brown,

Please accept this letter as your letter of notice that Garrettson Financial Services, Inc has no intention of requesting reinstatement, and we therefore are releasing this name for use by another entity. Thank you. I will assume unless I receive written notice to the contrary that you have released this name for use by another entity.

For The Firm, Timothy P Garret son .

NOTARY PUBLIC - STATE OF FLORIDA DAVID SNETSINGER COMMISSION # CC598769 EXPIRES 1-11-2001 BONDED THRU ASA 1-888-NOTARY1

quick before me 1/18/99 The binger

ARTICLES OF INCORPORATION

00 JAN 20 PM 1:35 TALLAHASSEE, FLORIDA 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

GARRETTSON FINANCIAL

SERVICES, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

19626 U.S. HIGHWAY ONE TEQUESTA, FL, 33469 ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TIM GARRETTSON 18223 LAKEBEND DRIVE JUPITER, FL, 33458

ARTICLE V INCORPORATOR(S)

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

THOMAS M GARRETTSON 18223 CAKEBEND DRIVE JUDITER, FC, 33458

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

イト ECEMBEN 19 99 day of _ 1 homas

Signature

Signature

Articles of Incorporation Filing Fee - \$35



JARRY T TSON 1. The name of the corporation is:

SERVICES

2. The name and address of the registered agent and office is:

1

RRE (Name) I/E KEBEND (P.O. Box not acceptable) 334 (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.

C (Date) (Signature)

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