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TRANSMITTAL LETTER

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

FILED
00 MAR 31 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Gateway Referral Network, Inc.
(Proposed corporate name - must include suffix)

9000003192279--3
-03/31/00--01094--007
*****87.50 *****87.50

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Sheri Shiver
Name (Printed or typed)

200 NE 2nd DR.
Address

Homestead, FL 33030
City, State & Zip

305-247-8898
Daytime Telephone number

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

F. 04/05/00

APR 5 2000

✓

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Gateway Referral Network, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

200 NE 2nd DR.
Homestead, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Roy Stephen Shiver - Prez
Sheri Shiver - Treasurer
Bob Houston - Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Sheri Shiver
200 NE 2nd DR.
Homestead, FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

200 NE 2nd DR.
Homestead, FL 33030

Roy S. Shiver Jr.

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/Registered Agent

Signature/Incorporator

Date

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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