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TRANSMITTAL LETTER

FILED  
OCT 20 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

900003434229--6  
-10/20/00--01100--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Gulf Trust Financial Services, 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: David Laura  
Name (printed or typed)

9224 Elza Street  
Address

New Port Richey, FL 34654  
City, State & Zip

(727) 379-0544  
Daytime Telephone number

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

10-23

# ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
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

The name of the corporation shall be: Gulf Trust Financial Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

9224 Elza Street

New Port Richey, FL 34654

## ARTICLE III SHARES

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

100 shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David Laura

9224 Elza Street

New Port Richey, FL 34654

**ARTICLE V INCORPORATOR(S)**

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

David Laura

9224 Elza Street

New Port Richey, FL 34654

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

15th day of October 19~~9~~ 2000.

  
David Laura Signature

Signature

Signature

**Articles of Incorporation  
Filing Fee - \$35**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Gulf Trust Financial Services, Inc.

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

David Laura

(Name)

9224 Elza Street

(P.O. Box not acceptable)

New Port Richey, FL 34654

(City/State/Zip)

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*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.*

David Laura  
(Signature)

v October 15, 2000

(Date)