

TRANSMITTAL LETTER

P00000114194

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

700003480367--9
-11/30/00--01013--017
*****87.50 *****87.50

SUBJECT: GP ENTERPRISES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

☐ \$70.00 ☐ \$78.75

☐ \$78.75

☒ \$87.50

& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GAVIN MAGRATH
Name (Printed or typed)

24142 TWIN COURT
Address

LAND O LAKES, FL 34639
City, State & Zip

1-813-909-1844
Daytime Telephone number

OK Daytime

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

FILED
00 DEC 13 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Seb
12/14*

W-28482



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 4, 2000

GAVIN MAGRATH
24142 TWIN COURT
LAND O'LAKES, FL 34639

SUBJECT: GP ENTERPRISES, INC.
Ref. Number: W00000028482

We have received your document for GP ENTERPRISES, INC. and your check(s) totaling \$87.50. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 487-6926.

Gina Bullock
Document Specialist

Letter Number: 700A00061238

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: **GP ENTERPRISE OF TAMPA, INC**

ARTICLE II PRINCIPAL OFFICE **24142 TWIN CT**

The principal place of business/mailing address is: **LAND O LAKES, FL**

34639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **N/A**

ARTICLE IV SHARES

The number of shares of stock is: **1000 SHARES**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): **GAVIN MAGRATH - PRESIDENT + SECRETARY**
24142 TWIN COURT, LAND O LAKES, FL 34639

PAULETTE MAGRATH - V. P. + TREASURER
24142 TWIN COURT, LAND O LAKES, FL 34639

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GAVIN MAGRATH
24142 TWIN COURT
LAND O LAKES, FL 34639

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GAVIN MAGRATH
24142 TWIN COURT
LAND O LAKES FL 34639

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

Signature/Registered Agent **GAVIN MAGRATH**

Date **11-27-00**

Signature/Incorporator **GAVIN MAGRATH**

Date **11-27-00**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA