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

SUBJECT: G	NTP Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
		(000003767 -02/26/01 ****175.00	73 40 7 01076010 *****87.50
Enclosed is an origin	al and one(1) copy of the articl	es of incorporation and	a check for:	1
☐ \$70.00 ☐ \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM		erce Printed or typed)		
	532 S. Mills Ave.	Address		0
	Orlando, FL 32801 City,	State & Zip	CRETARY LAHASEE	FILED I FEB 26 PI
	407-894-5382 Daytime T	elephone number	OF STATI	ED PM 1: 1

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

PH 2/28/07-

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

ARTICLE I NAME

The name of the corporation shall be: GNTP Inc.

FILED

01 FEB 26 PM 1:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 532 S. Mills Ave., Orlando, FL 32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting in media, publishing, education and all other legal business purposes

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

<3> ℃

Lue name and Florida street address of the registered agent is: Georgina C. Bowden-Pierce, Mills Ave., Orlando, FL 3280)

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Georgina C. Bowden-Pierce, 532 S. Mills Ave., Orlando FL 32801

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

Simulation of A south

Date

2/22/01

Signaturé/Incorporator

Date