

PD4000031226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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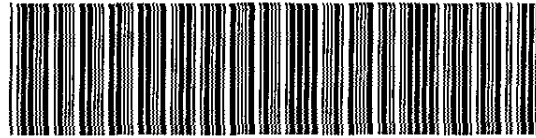
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Gator Consulting Services Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Gregg Castaline  
Name (Printed or typed)

4830 Charoan Drive  
Address

Orlando FL 32837  
City, State & Zip

407-963-5071  
Daytime Telephone number

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

**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: Gator Consulting Services Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Address: 4918 Marbella Isle Drive  
Orlando, Fl 32837

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this Corporation is to Consulting Services to our clients.

**ARTICLE IV SHARES**

The Number of Shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific titles(s):

Name: Michel LaRouche  
Address: 4918 Marbella Isle Drive  
Orlando, Fl 32837  
Title: President

Name: Gregg Castaline  
Address: 4830 Charowen Drive  
Orlando, Fl 32837  
Title: Vice President

Name: Michel LaRouche  
Address: 4918 Marbella Isle Drive  
Orlando, Fl 32837  
Title: Treasurer

Name: Gregg Castaline  
Address: 4830 Charowen Drive  
Orlando, Fl 32837  
Title: Secretary

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TALLAHASSEE, FLORIDA

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**ARTICLE VI REGISTERED AGENT**

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

Name: Gregg Castaline  
Address: 4830 Charowen Drive  
Orlando, Fl 32837

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Gregg Castaline  
Address: 4830 Charowen Drive  
Orlando, Fl 32837

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above corporation at the place designated in this certification I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
Signature/Registered Agent

2/5/04  
Date

  
Signature/Incorporator

2/5/04  
Date

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TALLAHASSEE, FLORIDA