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(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

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

SUBJECT:	Gary Moff				
	(PROPOSED CORPORA)	TE NAME – MUST INCLU	IDOSURTX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REOUIRED		
FROM:	Gary	MOFf; ++ (Printed or typed)			
	7600 Moffitt Dr				
	Land OLaKes FL 34639				
City, State & Zip 813 996 3636					
	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 The name of the corporation shall be: Gary Moffitt Inc ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7600 moffitt br Land O. Lakes FL 34639 ARTICLE III PURPOSE The purpose for which the corporation is organized is: any and all lawful business The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Gary A moffitt, President REGISTERED AGENT The name and Florida street address of the registered agent is: Gary A Moffitt 7600Moffitt Dr Land O Lakes FL 34639 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Gary A MOFFITT 7600 MOFFITT DY Land Ocakes FL 34639 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

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Date Signature/Registe 17-1404

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity