

P04000127873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

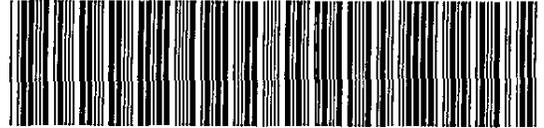
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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U3/09/04--U1039--U19 **78.75

FILED
04 SEP -9 PM 12:49
DEPT. OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 SEP -9 AM 11:20
DEPT. OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. GATORTEC, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

Article I Name

The name of the corporation shall be:

GATORTEC, INC.

Article II Principal Office

The principal place of business/ mailing address is:

3324 W. UNIVERSITY AVE #353
GAINESVILLE, FL 32607

Article III Purpose

The purpose for which the corporation is organized is:

WEB SITE DESIGN

Article IV Shares

The number of shares of stock is:

10,000

Article V Initial Officers/Directors

The name(s) and address(es):

PRESIDENT
ROBERT M. NIETO
6400 SW 20 AVE #11
GAINESVILLE, FL 32607

Article VI Registered Agent

The name and Florida street address registered agent is:

ROBERT M. NIETO
6400 SW 20 AVE #11
GAINESVILLE, FL 32607

Article VII Incorporator

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP -9 PM 12:49

FILED

The name and address of the Incorporator is:

ROBERT M. NIETO
6400 SW 20 AVE # 11
GAINESVILLE, FL 32607

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

R. Nieto

Signature/ Registered Agent

9/6/04

Date

R. Nieto

Signature/Incorporator

9/6/04

Date