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SECRETARY OF STATE
TAIL ANASSLE, FI CRUD.





TRANSMITTAL LETTER

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

SUBJECT: Gulf A	tlantic Financial, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	_
	·			
Enclosed are an ori	iginal and one (1) copy of the arti	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 REQUIRED	
FROM:	H. Russell Spivey, Jr.		SE TA	
	Name	(Printed or typed)		
	9029 Glen Eagle Way		NOV I	
		Address		\Box
	Tallahassee, Florida 32312	State & Zip	PH 2: 18 F STATE FLOODY	
	(850) 894 -8945	_		
	Daytime T	elephone 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:

Gulf Atlantic Financial, Inc.

ITH Date
Effective Date

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 9029 Glen Eagle Way Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Profit

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

H. Russell Spivey, Jr. President/CEO

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SECRETARY OF STATE
TALLAHASTEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

H. Russell Spivey, Jr. 9029 Glen Eagle Way Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

H. Russell Spivey, Jr. 9029 Glen Eagle Way Tallahassee, FL 32312

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

Date

2/ MM

Signature/Incorporator