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(Req	uestor's Name)			
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PICK-UP	MAIT	MAIL		
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Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer: 11-4-05 Botton Work				





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MRP,117 605-47453

COVER LETTER

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

SUBJECT: Gulf	side Installations Inc	,	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
	4 1 1 715	.1	1bb
Enclosed are an orig	inal and one (1) copy of the arti	cies of incorporation and	a eneck for:
\$70.00	\$78.75	\$78.75	▼ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	DPY REQUIRED
5			
FROM: P	aul Magliacane	(Printed or typed)	
	Name	(Frinted or typed)	
	325 Bard Rd.		
		Address	
	Venice, FL 34293		
		State & Zip	
		·	
	(941)492-6004		
	`	elephone number	

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



October 17, 2005

PAUL MAGLIACANE 325 BARD RD. VENICE, FL 34293

SUBJECT: GULFSIDE INSTALLATIONS INC.

Ref. Number: W05000047453

We have received your document for GULFSIDE INSTALLATIONS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please add your zip code to Articles VI & VII.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6840.

Letter Number: 905A00062990

Bruce W Kitchens Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be:

Gulfside Installations Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

325 Bard Rd.

Venice, FL 34293

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Installations of countertops and self-adhesive coverings

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul Magliacane- President and Owner

ARTICLE VI REGISTERED AGENT

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

Paul Magliacane 325 Bard Rd. Venice, FL 3 4293

ARTICLE VII INCORPORATOR

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

Paul Magliacane 325 Bard Rd. Venice, FL 3 9297

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

Signature/Incorporator

10/26/05 Date

10/26/05 Date