

POS000148679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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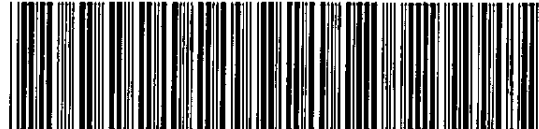
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/07/09 12:00 PM \*\*\*

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TALLAHASSEE, FLORIDA

NOV - 7 21 9:10

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## COVER LETTER

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

**SUBJECT:** G.A.S. Productions, 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:** Michael D. Grice

Name (Printed or typed)

374 Mohave Terrace

Address

Lake Mary, FL 32746

City, State & Zip

(407) 474-7050

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)

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05 NOV -7 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

G.A.S. Productions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

374 Mohave Terrace  
Lake Mary, FL 32746

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Video Creation, Editing, and Production

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

Sylvia M. Grice, 374 Mohave Terrace, Lake Mary, FL 32746, CEO and President  
Michael D. Grice, 374 Mohave Terrace, Lake Mary, FL 32746, COO and Vice President

**ARTICLE VI REGISTERED AGENT**

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

Michael D. Grice  
374 Mohave Terrace  
Lake Mary, FL 32746

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Michael D. Grice  
374 Mohave Terrace  
Lake Mary, FL 32746

\*\*\*\*\*

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

Michael D. Grice  
Signature/Registered Agent

10/26/2005

Date

Michael D. Grice  
Signature/Incorporator

10/26/2005

Date