POW0127488

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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Do

COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00	SUBJECT:	Gulfcoast Wiri	ina Solutions	Inc.		
Filing Fee Filing Fee & Certificate of Status FROM: S78.75		(PROPOSED CORPO	PRATE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Filing Fee Filing Fee & Certificate of Status FROM: S78.75						
Filing Fee Filing Fee & Certificate of Status FROM: S78.75						
Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Kevin Micheal Chofri Name (Printed or typed) Address Port Charlotte F1, 33954 City, State & Zip	Enclosed are an o	riginal and one (1) copy of the	articles of incorporation ar	nd a check for:		
Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Kevin Micheal Chofri Name (Printed or typed) Address Port Charlotte F1, 33954 City, State & Zip	□ ¢70.00	:		Manage of		
& Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Kevin Micheal Chofri Name (Printed or typed) 22410 madelyn Ave Address Port Charlotte F1, 33954 City, State & Zip	—		.	· · · · ·		
Revin Micheal Onofri Name (Printed or typed) Port Charlotte F1, 33954 City, State & Zip	1 111116 1 00	_	•			
FROM: Kevin Micheal Chofri Name (Printed or typed) - 22410 madelyn Ave Address Port Charlote F1, 33954 City, State & Zip						
FROM: Kevin Micheal Chofri Name (Printed or typed) 22410 madelyn Ave Address Port Charlotte F1, 33954 City, State & Zip			,			
Port Charlotte F1, 33954 City, State & Zip			ADDITIONAL C	OPY REQUIRED		
Port Charlotte F1, 33954 City, State & Zip						
Port Charlotte F1, 33954 City, State & Zip						
Port Charlotte F1, 33954 City, State & Zip	FROM:	Kevin Micheal	Onofri			
Port Charlotte F1, 33954 City, State & Zip	Name (Printed or typed)					
Port Charlotte F1, 33954 City, State & Zip						
	_22410 madelyN Ave					
		Port Charlotte	F1, 33954			
0011 (30 0718		C	ity, State & Zip			
		0111 (20 0	~~ / ts			
941-628-9768 Daytime Telephone number		741-628-9	160			

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



September 22, 2006

KEVIN MICHAEL ONOFRI 22410 MADELYN AVE PORT CHARLOTTE, FL 33954

SUBJECT: GULFCOAST WIRING SOLUTIONS INC.

Ref. Number: W06000041778

We have received your document for GULFCOAST WIRING SOLUTIONS 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 document must state the number of shares of authorized stock.

Please return 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 850-245-6052.

Letter Number: 506A00056848

Paisley A Alford New Filing Section Division of Corporations

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:	,		25 S	-
Gulfcoast Wiring Solutions	Inc.	_	SEP 22	<u> </u>
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	•	sasser of the last		
22410 madelyn Ave Port Charlotte Fl. 33954 <u>ARTICLE III PURPOSE</u>		,	PHIO: 13	
The purpose for which the corporation is organized is:		· The FU ()	•	
cable T.U. installation	* z	₩ · ·		
The number of shares of stock is:				
ARTICLE V INITIAL OFFICERS AND/OR DI List name(s), address(es) and specific title(s):	RECTORS	en en en en	. s 📥 . '	-
Kevin Onofri - president				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT account)	ceptable) of the r	egistered agent is:	, -	
Kevin Onofri 22410 madelyn Ave Port Charlotte Fl. 3395	4			-
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	4		-	4 - 1000 -
Kevin Onofri 22410 madelyn Ave Port Charlotte Fl. 339				
Port Charlotte Fl. 339	54 ******	******	*****	****
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registered			lace designat	ed in this
Signature/Registered Agent		9/a	0/06	
Signature/Incorporator		9/20	106	