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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



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OVER 14 PM 1:47

7 FEB | 14 PM | 1:56

cf.214

COVER LETTER

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

SUBJECT:	GTV EDUCATIONAL SOLUTIONS			
Enclosed are an orio	(PROPOSED CORPORA			
\$70.00	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Cop & Certificate Status	
FROM:	Name	RLEY GRIFFIN (Printed or typed) REST BLVD.		
	JACKSONVIL	Address LE, FLORIDA 322 State & Zip	246	
		326-6555		

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:

GTV EDUCATIONAL SOLUTIONS, 41

FILED 07 FEB 14 PM 1:56 SECRETARY OF STALLAHASSEE, FLORIS.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2355 FOREST BLVD.
JACKSONVILLE, FLORIDA 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS PURPOSE AUTHORIZED WITHIN THE STATE.

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):

SHIRLEY GRIFFIN, 2355 FOREST BLVD., JACKSONVILLE, FLORIDA 32246 - PRESIDENT TRINA TRICE, 2355 FOREST BLVD., JACKSONVILLE, FLORIDA 32246 - VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

MRS. SHIRLEY GRIFFIN 2355 FOREST BLVD. JACKSONVILLE, FLORIDA 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MRS. SHIRLEY GRIFFIN 2355 FOREST BLVD. JACKSONVILLE, FLORIDA 32246

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

Shirley Hriffin
Signature/Registered Agent

Shirley Hriffin
Signature/Incorporator

Date

1/3/07

Date