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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Great Northern Capital, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: John H, Webb

Name (Printed or typed)

5688 Santiago Circle

Address

Boca Raton, FL 33433

City, State & Zip

561 251-0850

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)

ARTICLE I NAME

The name of the corporation shall be:

Great Northern Capital, Inc

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5688 Santiago Circle
Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Consulting Services

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John H. Webb, President
5688 Santiago Circle
Boca Raton, FL 33433

Nancy S. Webb, Treasurer
5688 Santiago Circle
Boca Raton, FL 33433

ARTICLE VI · REGISTERED AGENT

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

John H. Webb
5688 Santiago Circle
Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

John H. Webb
5688 Santiago Circle
Boca Raton, FL 33433

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



Signature/Incorporator



Date

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