

P08000017793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

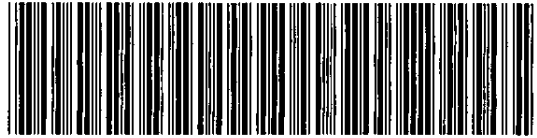
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Special Instructions to Filing Officer:

W08-4292

Office Use Only



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01/25/08--01009--010 **78.75

FILED
2008 FEB 18 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LEBurch JAN 19 2008

TRANSMITTAL LETTER

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

SUBJECT: GENERAL TELECOM CORP
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Florida Inv & Acct
Name (printed or typed)

P. O. Box 651221
Address

MIAMI FL 33215
City, State & Zip

(305) 461-4884
Daytime Telephone number

Please see the Articles to the
Address Above.

THANKS

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2008

FLORIDA INS & ACCT SERVICES
PO BOX 651221
MIAMI, FL 33265

SUBJECT: GENERAL TELECOM CORPORATION
Ref. Number: W08000004292

We have received your document for GENERAL TELECOM CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected 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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 008A00005633

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

G T C MIAMI INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

12763 S W 45 TERRACE
MIAMI FL 33175

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred (100) Shares Of Common Stock Par Value Of \$1.00 Each.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

OLGA AMARO GRANVILLE
12763 S W 45 TERRACE
MIAMI FL 33175

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2008 FEB 18 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

OLGA AMARO GRANVILLE
12763 S W 45 TERRACE
MIAMI FL 33175

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

OLGA AMARO GRANVILLE
12763 S W 45 TERRACE
MIAMI FL 33175

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 14TH day of FEBRUARY, 2008



Signature
OLGA AMARO GRANVILLE

Signature

Signature

Articles of Incorporation

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

G T C MIAMI INC

2. The name and address of the registered agent and office is:

OLGA AMARO GRANVILLE

(NAME)

12763 S W 45 TERRACE

P.O.BOX NOT ACCEPTABLE

MIAMI FL 33175

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


OLGA AMARO GRANVILLE

DATE

2/14/2008