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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FLORIDA PROFIT/NON PROFIT CORPORATION

G CUBED CONSULTING, INC.

Certificate of Status	0
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EP 5/7/09

4-09000116009-3

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be:

G CUBED CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2746 ROCHELLE DRIVE
WINTER HAVEN, FLORIDA 33881

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT

CAL H GOGGANS JR
2746 ROCHELLE DRIVE
WINTER HAVEN, FL 33881

DIRECTOR

ISRAEL T GOGGANS
1708 WINGED ILM PLACE
WINTER GARDEN, FL 34787-4864

TREASURER

JAMIE L GOGGANS
2746 ROCHELLE DRIVE
WINTER HAVEN, FL 33881

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CAL H GOGGANS JR
2732 ROCHELLE DRIVE
WINTER HAVEN, FL 33881

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ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

CAL H GOGGANS JR
2746 ROCHELLE DRIVE
WINTER HAVEN, FL 33881

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.


CAL H GOGGANS JR / Registered Agent

5/6/09
Date


CAL H GOGGANS JR / Incorporator

5/6/09
Date

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