

P 11000000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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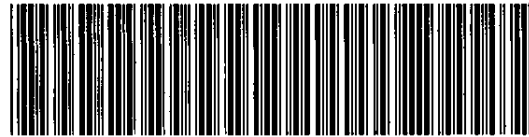
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2010 DEC 30 AM 9:25

FILED

J. Shivers JAN 03 2011

W10-54271

COVER LETTER

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

SUBJECT: G & C Management, 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

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

FROM: Andrea Wright

Name (Printed or typed)

1275 Barclay Blvd.

Address

Buffalo Grove, IL 60089

City, State & Zip

847-495-3076

Daytime Telephone number

Andrea.Wright@STA-IS.com

E-mail address: (to be used for future annual report notification)

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2010 DEC 30 AM 9:25
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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

Angelillis & Keller Management, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
655 San Christopher Dr.
Dunedin, FL 34698

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Management Company

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Angelillis
Address: 655 San Christopher Dr.
Dunedin, FL 34698

Name and Title: Gerald Keller
Address: 655 San Christopher Dr.
Dunedin, FL 34698

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Charles Angelillis
Address: 655 San Christopher Dr.
Dunedin, FL 34698

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Angelillis
Address: 655 San Christopher Dr.
Dunedin, FL 34698

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

Charles F. Angelillis

Required Signature/Registered Agent

12-22-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Charles F. Angelillis

Required Signature/Incorporator

12-22-10

Date

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TALLAHASSEE, FLORIDA