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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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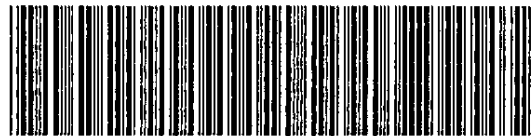
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 FEB -4 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED FEB 07 2011

**COVER LETTER**

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

**SUBJECT:** Gainesville Frame Tech and Drywall, 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:** Carolyn Perreault  
Name (Printed or typed)

11416 NW SR 45  
Address

High Springs, FL 32643  
City, State & Zip

352-665-0084  
Daytime Telephone number

GFThighsprings@aol.com  
E-mail address: (to be used for future annual report notification)

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

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

**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: Gainesville Frame Tech and Drywall, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11416 NW SR 45  
High Springs, FL 32643

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to engage in any lawful construction activity permitted by law of this state.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares of no par value common stock.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Marquis Perreault</u> <u>President</u>	Name and Title: _____
Address: <u>11416 NW SR 45</u>	Address: _____
<u>High Springs, FL 32643</u>	_____

Name and Title: <u>Carolyn Perreault</u> <u>Vice President</u>	Name and Title: _____
Address: <u>11416 NW SR 45</u>	Address: _____
<u>High Springs, FL 32643</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Carolyn Perreault  
Address: 11416 NW SR 45  
High Springs, FL 32643

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marquis Perreault  
Address: 11416 NW SR 45  
High Springs, FL 32643

*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*

Carolyn Perreault  
Required Signature: Registered Agent

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

2/2/11  
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.*

[Signature]  
Required Signature: Incorporator

02/02/11  
Date