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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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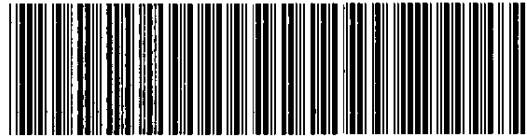
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB -9 AM 11:39

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J. Shivers FEB 10 2011

W11-6043

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COVER LETTER

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

SUBJECT: Ivory Gull Incorporated

(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: Judy Gallagher, CPA

Name (Printed or typed)

405 E Strawbridge Ave., Suite C

Address

Melbourne FL 32901

City, State & Zip

(321) 724-1005

Daytime Telephone number

judygallaghercpa@aol.com

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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: Ivory Gull Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address
1102 Hailey Street
West Melbourne, FL 32904

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all legal purposes

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Stirk, P. VP, S. T	Name and Title: _____
Address: 1102 Hailey Street	Address: _____
West Melbourne FL 32904	_____
_____	_____

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

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: Judy Gallagher, CPA
Address: 405 E Strawbridge Ave, Suite C
Melbourne FL 32901

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Judy Gallagher, CPA
Address: 405 E. Strawbridge Ave, Ste C
Melbourne FL 32901

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

Judy Gallagher, CPA
Required Signature/Registered Agent

1/26/2011
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.

Judy Gallagher, CPA
Required Signature/Incorporator

1/26/2011
Date

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