

P110000030753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

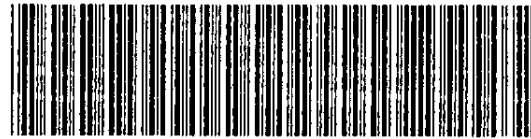
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 MAR 25 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: GCAPSOLUTIONS, 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: Clyde Bernard Benjamin II

Name (Printed or typed)

3101 Port Royale Blvd #1117

Address

Fort Lauderdale, FL 33308

City, State & Zip

954-772-5096

Daytime Telephone number

cbenjamin@gcapsolutions.com ✓

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

SECRETARY 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 GCAPSOLUTIONS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3101 Port Royale Blvd
Apt 1117
Fort Lauderdale, FL 33308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide Information Technology and Office consultation and support.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clyde B. Benjamin II, CEO
Address: 3101 Port Royale Blvd
Apt. 1117
Fort Lauderdale, FL 33308

Name and Title: Regina L. Johnson-Benjamin, COO
Address: 3101 Port Royale Blvd
Apt. 1117
Fort Lauderdale, FL 33308

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:

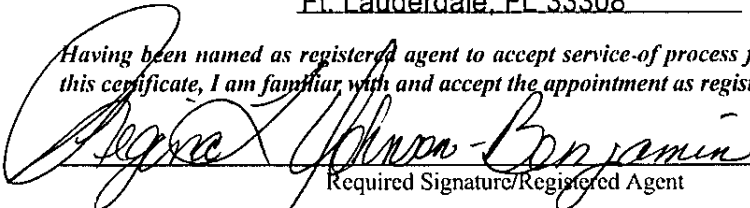
Name: Regina L. Johnson-Benjamin
Address: 3101 Port Royale Blvd Apt. 1117
Ft Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

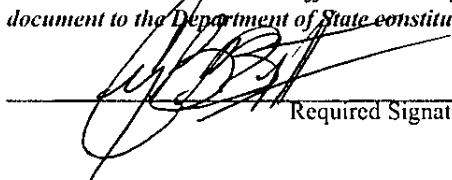
Name: Clyde B. Benjamin II
Address: 3101 Port Royale Blvd Apt. 1117
Ft. Lauderdale, FL 33308

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


Required Signature/Registered Agent

21-March-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.


Required Signature/Incorporator

21-March-2011
Date

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TALLAHASSEE, FLORIDA