

P11000045063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

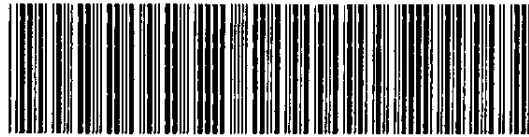
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/11--01021--006 **78.75

FILED
11 MAY -9 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

x 05/11/11

COVER LETTER

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

SUBJECT: GULF COAST MICROSYSTEMS 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: DONALD R. GENTRY

Name (Printed or typed)

590 HORSEMAN DRIVE

Address

OVIEDO, FL 32765

City, State & Zip

407 359 5170

Daytime Telephone number

ray@dasiwebsite.com

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

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

FLORIDA DEPARTMENT OF STATE
NEW FILING SECTION
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

RE: DUPLICATE NAME

There is an existing duplicate name on file for: GULF COAST MICROSYSTEMS LLC

DOCUMENT NO: L02000027754

This is to certify that I am the registered owner of GULF COAST MICROSYSTEMS LLC

Document no: L02000027754

The enclosed documents and filing fee is to file Articles of Incorporation for a for-profit corporation for:

GULF COAST MICROSYSTEMS INCORPORATED

THANK YOU


Donald R Gentry

590 Horseman Drive

Oviedo, Fl 32765

Phone: 407 359 5170

Email: ray@dasiwebsite.com

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11 MAY -9 PM 12:12
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE

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:

GULF COAST MICROSYSTEMS INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address

590 HORSEMAN DRIVE

OVIEDO, FL 32765

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DONALD R. GENTRY PRES.**

Address: **590 HORSEMAN DRIVE**

OVIEDO, FL 32765

Name and Title: _____

Address: _____

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: **DONALD R GENTRY**

Address: **590 HORSEMAN DRIVE**

OVIEDO, FL 32765

ARTICLE VII INCORPORATOR

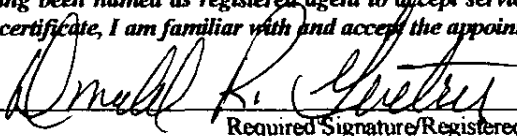
The name and address of the Incorporator is:

Name: **DONALD R GENTRY**

Address: **590 HORSEMAN DRIVE**

OVIEDO, FL 32765

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

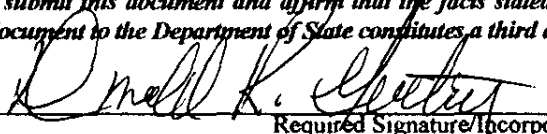


Required Signature/Registered Agent

MAY 5, 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 1.817.155, F.S.



Required Signature/Incorporator

MAY 5, 2011

Date

FILED
MAY -9 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA