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(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: ERIC CARLIA GAVE			
AUGUODIZATION DV DUONE			
CORRECT AFTICIE - 1 (PUT No me ex)			
DATE 5-31-11			
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COVER LETTER

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

SUBJECT:	GYTRAPPING CORP. (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 \[\bigcirc \\$78.75 \] \$87.50					
Filing Fee	### Filing Fee				
FROM: _	Name (Printed or typed)				
FUNTA GORDA, FL 33982 City, State & Zip					
Daytime Telephone number G 4 TRAD QUAY (200 An) (2 M					
_	E-mail address: (to be used for future annual report notification)	26 PM 2: 30			
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)

The name of the corp	poration shall be: G4 TRAPPING LO	ORP
ARTICLE II		iling address, if different is:
	SGOO BRONCO ROAD PUNTA GORDA EL 33 982	
ARTICLE III P		
	ch the corporation is organized is: ANIMAIS TRAPPING	
WILD	ANIMAIS TRAITING	
ARTICLE IV S The number of share	SHARES s of stock is: 100 SHARES	
	NITIAL OFFICERS AND/OR DIRECTORS,	
Name and Titl Address:	ERIC L GARUN PRESIDENT Name and Title: SGOO BRONCO RUAD Address: PUNTA GORDA FL 33982	
Name and Titl	E. SHAR/A R. NE/SON PRESIDENTIFICE	
Address:	SGOD BRONCO ROAD Address: PUNTA GODDA, PL 33982	
Name and Title Address:	e:Name and Title:Address;	
	EGISTERED AGENT	
The <u>name and Flori</u> Name:	da street address (P.O. Box NOT acceptable) of the registered agent is	s: ¥2 2
Address:	SGOO BRONG COAD	SECRETARY
ARTICLE VII I		26 26
The <u>name and addre</u> Name:	ess of the Incorporator is: ENC L. GANUA	
Address:	PUNTA GORDA (-L'33982	7 2: 3: 5. Are
Having been named this certificate, I am	as registered agent to accept service of process for the above stated familiar with and accept the appointment as registered agent and agr	corporation at the place designated in
En I		5/23/11
	Required Signature/Registered Agent	Date
I submit this docum document to the Dep	ent and affirm that the facts stated herein are true.`I am aware th artment of State constitutes a third degree felony as provided for in s.	at the false information submitted in a 817.155, F.S.
En h		5/23/11
	Required Signature/Incorporator	Date / //