P11000084962

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATISTICAL SECRETARY OF STATE **Division of Corporations**

September 15, 2011

SHILPA PATEL 405 JASON LANE SCHAUMBURG, IL 60173-2071

SUBJECT: GNS CORP

Ref. Number: W11000047662

We have received your document for GNS CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 011A00021361

COVER LETTER

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

SUBJECT:	GNSP COR		
	(PŘÖPÖSED CORPORÆ	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation ar	nd a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL C	OPY REQUIRED
FROM: _	SHILPA PAT	TEC e (Printed or typed)	···
_	405 JASON	LANE Address	
		1L 60173 , State & Zip	
	(847) 942 - Daytime 1	465B Telephone number	
_	E-mail address: (to be use	amail. com ed for future annual repor	t notification)

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) SECRETARY OF STATE

The name of the corporation shall be: GNSP CORP ARTICLE II PRINCIPAL OFFICE Principal street address 405 (ASON LANE SCHANORNELS, IL LEOIRS ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ARTICLE I	NAME	_	DIVISION OF CORPORATIONS
ARTICLE II PURPOSE Principal street address 405 SADO LANE SHARES The number of shares of stock is: ARTICLE II PURPOSE The purpose for which the corporation is organized is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address			>	11 SEP 28 PM 3-57
Principal street address 405 (ASON LANE) Schambers, Inc. (2013) ARTICLE II PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address: Address: Name and Title: Address: Address: Name and Title: Address: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Address: Addres	ARTICLE II	PRINCIPAL OFFICE		11.021.20 111.3.31
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ARTICLE IV SHARES The purpose for which the corporation is organized is: ARTICLE V SHARES The number of shares of stock is: /OO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Share Address: Addre	_	405 JASON LANE		
The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: /OO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: SHILPA PATE Address: Address	_	SCHANNBURG, 14 60173		
The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: /OO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: SHILPA PATE Address: Address	ARTICLE III F	PURPOSE	***************************************	
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Name and Title: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: SHILPA Address: IOSTS CORY LAKE DE TAMPA FL 33LGT ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: SHILPA PATE Address: Address: Address: SAME SCHIMMONKO, FL 60173 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 familian with and accept the appointment as registered agent and agree to act in this capacity Reduced Signature/Registered Agent 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 confiduces a third degree felony as provided for in s. 817.155, F.S.		le: SHILPA PATEL	Name and Title:	
Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: SITLE PARE Address: Name: Address: Address: Name: Address: Address: Name: Address: Address: Name: Address: Address: Add	Address:			
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Name and Title: Address: Address: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: SHILA PAFE Address: IOB35 COLY LAKE DE TAMPA FL 33647 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: SHILPA PATEL Address: Address: FLIPA PATEL FLIPA PATEL Address: FLIPA PATEL FLIPA P				
Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: SHULP PATE Address: IOR 75 LORY LAKE DE TAMPA, FL 336A7 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: HILPA PATE SCHIPLINGUECO, FL 60173 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 familian with and accept the appointment as registered agent and agree to act in this capacity Redired Signature/Registered Agent 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 continues a third degree felony as provided for in s.817.155, F.S.				
Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: SHULP PATE Address: IOR 75 LORY LAKE DE TAMPA, FL 336A7 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: HILPA PATE SCHIPLINGUECO, FL 60173 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 familian with and accept the appointment as registered agent and agree to act in this capacity Redired Signature/Registered Agent 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 continues a third degree felony as provided for in s.817.155, F.S.	Name and Tit	le:	Name and Title:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: SHULA PART Address: 10875 CORY LAVE DE TAMPA FL 33697 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: SHULPA PATEL Address: SCHIQUIBOUKO, FL 60173 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 familian with and accept the appointment as registered agent and agree to act in this capacity Reduited Signature/Registered Agent 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.			Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: SHILPA PARE Address: 10875 CORY LAVE DE TAMPA FL 33697 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: SHILPA PATEL Address: 5CHOUNDUKO, FL 60173 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 familian with and accept the appointment as registered agent and agree to act in this capacity Redifical Signature/Registered Agent 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.				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: SHILLA PATE Address: 10875 CORY LAKE DE TAMPA FL 33647 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: SHILLA PATE Address: 405 ASON LAKE Address: 5CHOUMBUKG, FL 60173 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 familian with and accept the appointment as registered agent and agree to act in this capacity Redified Signature/Registered Agent 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.				
Name: SHUPA PARE Address: 10875 CORY LAKE DE TAMPA, FL 33647 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: SHIPP PATEL Address: 405 SASON LANE SCHIPUMBUKG, FL 60173 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 familian with and accept the appointment as registered agent and agree to act in this capacity Reduited Signature/Registered Agent 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. ### 10875 COLUMNIA ### 13364 P. ### 20 - 2011 ### 20 - 2011 ### 20 - 2011 ### 20 - 2011	ARTICLE VI	REGISTERED AGENT		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: SHILPA PATEL Address: 405 PASON IANE SCHOUMBUKG, FL. 6017 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 Redired Signature/Registered Agent 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 contributes a third degree felony as provided for in s.817.155, F.S. M-20-2011		ida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address				
The name and address of the Incorporator is: Name: Address: Addre	Address:			
The name and address of the Incorporator is: Name: SHILPA PATEL Address: SCHOUMBUKG, FL 60173 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 familian with and accept the appointment as registered agent and agree to act in this capacity Redfired Signature/Registered Agent 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. A - 20 - 2011		1AMPA, FL 3369+		
The name and address of the Incorporator is: Name: SHILPA PATEL Address: SCHOUMBUKG, FL 60173 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 familian with and accept the appointment as registered agent and agree to act in this capacity Redfired Signature/Registered Agent 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 conditutes a third degree felony as provided for in s.817.155, F.S. A - 20 - 2011	ARTICLE VII	INCORPORATOR		
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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 familian with and accept the appointment as registered agent and agree to act in this capacity	Address:	405 JASON LANE	жт» Z	
this certificate, I am familian with and accept the appointment as registered agent and agree to act in this capacity M - 20 - 201 Rectified Signature/Registered Agent 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 confitutes a third degree felony as provided for in s.817.155, F.S. O - 20 - 20 1		SCHAUMBUKG, + L. 6	<u>.01</u>	
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 confitutes a third degree felony as provided for in s.817.155, F.S. OP - 20 - 20 1	Having been name this certificate, I am	d as registered agent to accept service of pro familian with and accept the appointment as	ocess for the above stated c s registered agent and agree	orporation at the place designated in to act in this capacity
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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. 29-20-20 1		P. (White Signature Pegistered Agent		Date
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 9-20-20 1		\mathcal{F}		the Color in Comment of the Land
09-20-2011	I submit this document to the De	nent and affirm that the facts stated herein partment of State conditutes a third devree fo	e are true. I am aware that Telony as provided for in s.81	ine jaise injormation suomitied in d 7.155, F.S.
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		Required Signature Incorporator		Date