

P11000086866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

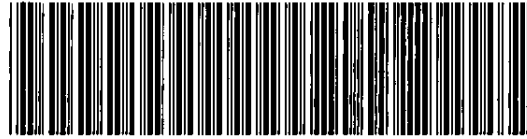
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400212221754

09/26/11--01037--005 \*\*87.50

FILED  
2011 OCT -3 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 04 2011

W 11-49782

## COVER LETTER

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

SUBJECT: G.L. Enterprises, 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: Nadine Armstrong

Name (Printed or typed)

9434 US HWY 1

Address

Sebastian, FL 32958

City, State & Zip

772-778-9401

Daytime Telephone number

k12taxservices@gmail.com

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

2011 OCT -3 AM 11:04  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: G-A-L Services, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
197 Chello Avenue  
Sebastian, FL 32958

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: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gary Lachowicz, President  
Address: 197 Chello Avenue  
Sebastian, FL 32958

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: Nadine Armstrong  
Address: 9434 US HWY 1  
Sebastian, FL 32958

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nadine Armstrong  
Address: 9434 US HWY 1  
Sebastian, FL 32958

FILED  
2011 OCT -3 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Nadine Armstrong  
Required Signature/Registered Agent

9/30/11  
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.

Nadine Armstrong  
Required Signature/Incorporator

9/30/11  
Date