P12000000431

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only Catto Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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12 JAN -3 PH 12: 51 SECRETARY OF STATE

COVER LETTER

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

SUBJECT: Income Acqu	
(PROPOSED CORPORA)	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Gregory Kuenzig Name	(Printed or typed)
4 Live Oak Road	Address
Palm Coast, Fl. 32137	State & Zip
386 447-0634 Daytime To	elephone number
Gregk@gcpkompany.cor E-mail address: (to be used	η I for future annual report notification)

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

ARTICLES OF INCORPORATION $\ _{\gamma}$ In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ADMICE DEL D				
<u>ARTICLE II P</u>	RINCIPAL OFFICE Principal street address		Moiling address if different in	
41	ive Oak Road		Mailing address, if different is: P.O. Box 1234	
	m Coast, Fl. 32137		Flagler Beach, Fl.32136	
ARTICLE III PU			12. ALL	
to acquire sour	ces of income and to provide	a legal me	ans to tender the income	_
to acquire court	th the corporation is organized is: ces of income, and to provide	a logal mo	TARY OF TARY OF TARY OF	ព = n
				כ
ADSTAL DIE			12: 5 STA1 FLORI	
ARTICLE IV S The number of shares				
ARTICLE V II	VITIAL OFFICERS AND/OR DIRE	CTORS	50 C - 55 (2011)	1800
	:Gregory Kuenzig CEO		e and Title:	
Address:	PO Box 1234	Addr		
	Flagler Beach, Fl 323136	 	•	
Name and Title		Nom	e and Title:	
Address:	·			
4				
Name and Title Address:	· · · · · · · · · · · · · · · · · · ·	Name Addr	e and Title:ess:	
ARTICLE VI RI	EGISTERED AGENT			
The <u>name and Florid</u>	a street address (P.O. Box NOT accept	able) of the reg	istered agent is:	
Name:	Gregory Kuenzig			
Address:	4 Live Oak Road Palm Coast FL 32137			
ARTICLE VII IN				
	s of the Incorporator is:			
Name:	Gregory Kuenzig			
Address:	PO Box 1234			
	Flagler Beach, FL 32136			
			e above stated corporation at the place designa	ued in
· /n	nmiliar with and accept the appointmen		igent and agree to act in this capacity	
Great	Required Signature/Registered Age		<u> nec 20,20</u>	01/
	Required Signature/Registered Age	ent	Date	
			am aware that the false information submitte	d in a
	rtment of State constitutes a third degre			
9 recen	2 Luenale		Mar 20 3	201
J- , - 500	Peguired Signature/Incorporator		Dec 20, 2	