

P12000008469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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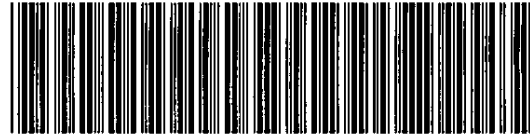
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN 24 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 25 2012

COVER LETTER

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

SUBJECT: GORE FAMILY MANAGEMENT CORPORATION
(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: PAT WILSON
Name (Printed or typed)

P. O. BOX 1511
Address

ORLANDO, FL 32802
City, State & Zip

(407) 206-6513
Daytime Telephone number

PAT@PINONICHOLSONLAW.COM
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME IDENT DISTRIBUTION CORPORATION

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
12990 S.W. 187th STREET
MIAMI, FLORIDA

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: 1,000 @ \$.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Marvin Gore, D/T/S	Name and Title:	
Address:	12990 S.W. 187th STREET MIAMI, FLORIDA	Address:	

Name and Title:	DOBBIE GORE OTTO, D/P	Name and Title:	
Address:	12990 S.W. 187th STREET MIAMI, FLORIDA	Address:	

Name and Title:	AYINDE GORE, D	Name and Title:	
Address:	12990 S.W. 187th STREET MIAMI, FLORIDA	Address:	

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Pino Nicholson, PLLC
Address: 189 S. Orange Ave., Ste. 1650
Orlando, FL 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Laurence J. Pino, Esquire
Address: P.O. Box 1511
Orlando, FL 32802

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

1/10/12

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.

Required Signature/Incorporator

1/10/12

Date

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TALLAHASSEE, FLORIDA