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COVER LETTER

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

SUBJECT: Gannon Management Group Services (PROPOSED CORPORAJE NAME-MUST INCLUDE SUFFIX)	Inc.					
Enclosed are an original and one (1) copy of the articles 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 & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED						
FROM: Andrea Dackson Name (Printed or typed)						
1324 Torch Vey Way						
Dupiter 21. 33458 City, State & Zip						
561-704-8293 Daytime Telephone number						
E-mail address: (to be used for future annual report notification)						

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME		Carolina Tra
The name of the o	NAME corporation shall be: Gannon Ma	ragement	Group Services +1
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailin	ng address, if different is:
	1324 Torch Key way	. 13	24 Torch Key way
	Jupiter Dl. 33458		piter Horida;
			33458
ADTICI II III	DITERACE		4.0 -3
The purpose for t	which the corporation is organized is:		2 7
	· · ·		FILED JAN 26 AN IO: 57 JAN 26 AN IO: 57 ECAHASSEE, FLORI
Professio	nal Corparation		10 N
4 10 10:0:-			SOFT OF THE
			FLST 6.
ARTICLE IV			9E 5
The number of sh	ares of stock is: 100		6m 7
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	e	.77
	Fills: Andrea Jackson; Dwner		
Address:	1304 Torch you way		1, 11, 11, 11, 11, 11, 11, 11, 11, 11,
Addiess.	Jupiter 20. 33458		
	704.50.70		
Name and T	Pitle: Timothy Gannon. Director	Name and Title:	
Address:	Jupiter 71. 33458	Address:	
	2 molter 21. 33 128		
			
Name and T	Title:	Name and Title:	
Address:		Address:	
ADTICI E VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Andre Jackson	ин терметов прети п.	
Address:	1324 Torch Ver Wa	A	
	T. Diter 21, 33458	7	
	354	•	
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Findrea Jackson		
Address:	1324 Torch Key War	1	
	Jupiter DR. 3345	80	
Umdun been non	ned as registered agent to accept service of process	for the above stated co	reporation at the place designated in
	um familiar with and accept the appointment as region		
inis cerujicaie, i a	un jamulai wan ang accepying appointment as regu	seren ugera ana ugree i	
			1-24.12
	Required Signature/Registered Agent		1-24·12 Date
	Kequirod organiture/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are	true. I am aware that t	the false information submitted in a
	Department of State equitibles of third degree felony		
	11/1/1/1/1	- *	4 ~ (
			1-24-12 Date
	Required Signature/Incorporator	·	Date