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(Re	questor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			





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SECRETARY OF STATE
TALLAHASSEF OF STATE

SIDS I & MAL BURNHE.L

COVER LETTER

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

SUBJECT: Guf Coast Sales and Marketing, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:	
\$70.00 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy Certified & Certified Status	Copy ate of
ADDITIONAL COPY REQUIR	(ED
FROM: Raiph W. Hanks II Name (Printed or typed)	
4270 Walden Way	2012.
Gulf Breeze FL 32563	FILE 2012 JAN 30 PH SECRETARY OF STAFLAHASSEE, FL
(856) 934-3212 Daytime Telephone number	RI : 86
Vhanks@mchsi.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 C	ما الله عاده	the The	
The name of the	NAME corporation shall be: Gulf Coast S	sales and Marke	ering, 110.	
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing add	ress, if different is:	
	4270 Walden Way		·	
	Gulf Breeze, FL 30563		·	
ARTICLE III	PUPPOSE			
The same of	manca of the de assorbion	a is to sell ma	tal in Car and	
The pu	rpose of the corporation	1 13 10 sell free	now rooting and	
rolated	which the corporation is organized is: rpose of the Corporation products.		_	
16000	T			
ARTICLE IV				
The number of sh	nares of stock is: \OOO			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	DC .		
	Title: Rolph W. Hanks II. Presi	do Name and Title:		
Address:	4210 W/W/W/ W/W	Address.		
11444	Gulf Breeze PL 3356	3		
N	T.41	Name and Tide.		
	Title:			
Address:	· · · · · · · · · · · · · · · · · · ·	Address.		
				
				
	Title:			
Address:		Address:		
	• • • • • • • • • • • • • • • • • • • •		7 2	
<u>ARTICLE VI</u>	REGISTERED AGENT		2012 JAN SECRETA	
	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	≥≈ ⊆	
Name:	Vicki R. Hanks		A 2	
Address:	GIO DIGGEN WAY	3	30 SSE SSE	
	BUTE OVERE, FL SON	9		
ARTICLE VII	INCORPORATOR			
	ddress of the Incorporator is:		5° I O	
Name:	Vicki K. Hanks	-		
Address:	4270 Walden Way		\$ 5	
	Bulf Breze, FL 325	<i>563</i>		
Having been na	med as registered agent to accept service of proce	ess for the above stated corpora	tion at the place designated in	
	am familiar with and accept the appointment as re			
1/.	10 1/0 1		. / . / .	
	PL C. HOURS		1/26/12	
700	Li Li Lauls Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein ar	ro true I am aware that the fa-	lse information submitted in a	
	cument and ajjirm inal the jacts stated herein ar Department of State fonstitutes a third degree felo			
1 /	· A · A · I · I	processor you do not retail	1 1	
1//	Mr. R. Hanks		1/26/12	
VU	Required Signature/Incorporator		Date	