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(Re	questor's Name)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to I	Eiling Officer	
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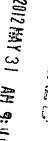
Office Use Only



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COVER LETTER

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

SUBJECT: GS Nuclear, Inc.						
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)						
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	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED				
	ADDITIONAL C	OF I REQUIRED				
FROM: Gabor Salamon Name (Printed or typed)						
6696 Willow Wood Dr., Apt. 1702						
	ddress	HVTI TOTAL	2012 HAY 3			
Boca Raton, FL 33434 City, State & Zip						
561-342-1890	lephone number	EC. FLING	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
gsalamon@gmail.com E-mail address: (to be used	for future annual report		<u>-</u>			

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 The name of the co	GS Nuclear, Inc.		
The name of the co	rporation snail be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	ress, if different is:
6	696 Willow Wood Dr		
A	pt. 1702		
B.	oca Raton, FL 33434		
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
The purpose	of the corporation is to provide engine	eering consulting servi	ces to the nuclear
industry in the	united States		
ARTICLE IV The number of shar	SHARES res of stock is: 100		
		_	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	S 100 Decides	.1
Name and 11 Address:	tle:Gabor Salamon, President	_ Name and Title: Presider	
Address:	6696 Willow Wood Dr.,	Address:	
	Apt. 1702 Boca Raton, FL		
	Boca Raton, FL		
Name and Ti	tle:	Name and Title:	
Address:			
			······································
	tle:	Name and Title:	
Address:			
		-	
			Bacca
	REGISTERED AGENT	54b	28
Name:	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	[E 73
Name: Address:	Gabor Salamon	-	
Address:	6696 Willow Wood Dr., Apt. 1702 Boca Raton, Fl. 33434	_	
	DOCA RAIGH, FL 33434	-	<u> </u>
ARTICLE VII	INCORPORATOR		m C
	ress of the Incorporator is:		
Name:	Gabor Salamon	_	54 7
Address:	6696 Willow Wood Dr., Apt. 1702		
	Boca Raton, FL 33434	-	300 3
	ed as registered agent to accept service of process in familiar with and accept the appointment as reg		
	Required Signature/Registered Agent		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.			
()./.	On Valla		(1)7/2 -12
	WU) HORANO		3/4/10/2
	Required Signature/Incorporator		Date