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2012 MAY 31 AM 9:10  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

J. Shivers JUN 01 2012

## 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 - 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: Gabor Salamon

Name (Printed or typed)

6696 Willow Wood Dr., Apt. 1702

Address

Boca Raton, FL 33434

City, State & Zip

561-342-1890

Daytime Telephone number

gsalamon@gmail.com

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL 32317

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

GS Nuclear, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6696 Willow Wood Dr.,  
Apt. 1702  
Boca Raton, FL 33434

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to provide engineering consulting services to the nuclear industry in the United States

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Gabor Salamon, President</u>	Name and Title: <u>President</u>
Address: <u>6696 Willow Wood Dr.,</u>	Address: _____
<u>Apt. 1702</u>	_____
<u>Boca Raton, FL</u>	_____
 Name and Title: _____	 Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
 Name and Title: _____	 Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Gabor Salamon  
Address: 6696 Willow Wood Dr., Apt. 1702  
Boca Raton, FL 33434

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gabor Salamon  
Address: 6696 Willow Wood Dr., Apt. 1702  
Boca Raton, FL 33434

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

Gabor Salamon  
Required Signature/Registered Agent

5/27/2012  
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.

Gabor Salamon  
Required Signature/Incorporator

5/27/2012  
Date

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