

P12000081216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

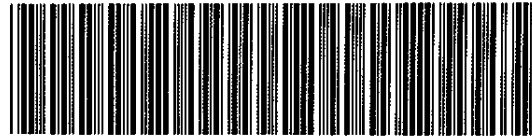
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/24/12--01028--001 **78.75

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12 SEP 24 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPD
9/25/12

COVER LETTER

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

SUBJECT: Government Processing Center 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: Government Processing Center Inc

Name (Printed or typed)

11350 66th St Ste 117

Address

Largo , Florida 33773

City, State & Zip

727-803-6890

Daytime Telephone number

paul@gsaprocessing.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

The name of the corporation shall be: **Government Processing Center Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11350 66th St Ste 117
Largo, FL 33773

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: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Paul Vairo-President**

Address: **2968 Northfield Drive**

Tarpon Springs FL 34688

Name and Title: **Jeff Doty-Vice President**

Address: **12686 96th St**

Largo FL 33773

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Insight Accounting LLC**

Address: **801 West Bay Drive Ste 512**

Largo FL 33770

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **Paul Vairo**

Address: **11350 66th St Ste 117**

Largo FL 33773

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

9-19-12
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

9-20-12
Date

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SECRETARY OF STATE