

P 12000087377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

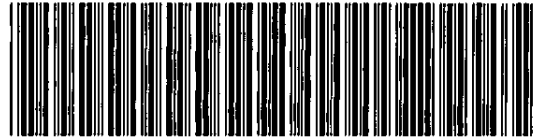
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200240793922

10/15/12--01020--022 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 15 PM 2:06

for 10/16/12

## COVER LETTER

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

SUBJECT: GFTU, 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: Michael Dooley  
Name (Printed or typed)

8240 Exchange Dr  
Address

Suite 4 Orlando, FL 32809  
City, State & Zip

407-488-1982  
Daytime Telephone number

m1@tut.com  
E-mail address: (to be used for future annual report notification)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 15 PM 2:06

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: GFTU, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8240 Exchange Dr  
Suite 4  
Orlando FL 32809

Mailing address, if different 12 OCT 15 PM 2:06

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To host conferences.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

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

Name and Title: Michael Dooley  
Address: President/Director  
8240 Exchange Dr, Suite 4  
Orlando FL 32809

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Hope Koppelman  
Address: Secretary  
8240 Exchange Dr Suite 4  
Orlando FL 32809

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Andrew Dooley, V. Pres  
Address: 8240 Exchange Dr  
Suite 4  
Orlando FL 32809

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

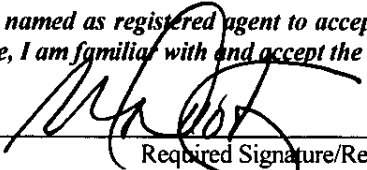
Name: Michael Dooley  
Address: 8240 Exchange Dr. Suite 4  
Orlando FL 32809

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

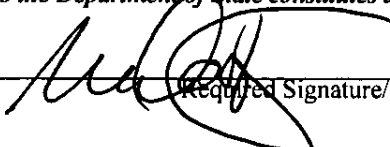
Name: Michael Dooley  
Address: 8240 Exchange Dr, Suite 4  
Orlando FL 32809

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

10/12/12  
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

10/12/12  
Date