

P12000059055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

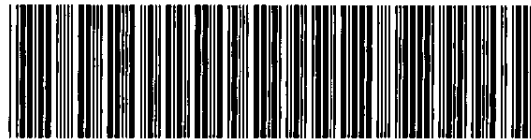
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300240901743

FILING CANCELLED  
RETURNED CHECK

10/22/12--01033--013 \*\*70.00

12 OCT 22 AM 11:24  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

PS 10/23/12

## COVER LETTER

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

SUBJECT: GLOBAL GOVT CONNECTIONS 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: PRINCETTA HARRISON

Name (Printed or typed)

7255 ST ROAD 207

Address

ELKTON, FL 32033

City, State & Zip

904 444 9029

Daytime Telephone number

LANDISA007@GMAIL.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:

GLOBAL GOVT CONNECTIONS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

227B ST JOE PLAZA DRIVE

PALM COAST, FLORIDA 32164

Mailing address, if different is:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 22 AM 11:24

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE A LAWFUL BUSINESS ENTITY

FILING CANCELLED  
RETURNED CHECK

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PRINCETTA HARRISON PRES

Address: 7255 ST ROAD 207

ELKTON, FL 32033

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

Address: \_\_\_\_\_

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: PRINCETTA HARRISON

Address: 7255 ST ROAD 207

ELKTON, FL 32033

**ARTICLE VII INCORPORATOR**

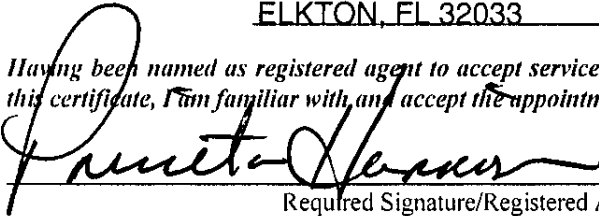
The name and address of the Incorporator is:

Name: PRINCETTA HARRISON

Address: 7255 ST ROAD 207

ELKTON, FL 32033

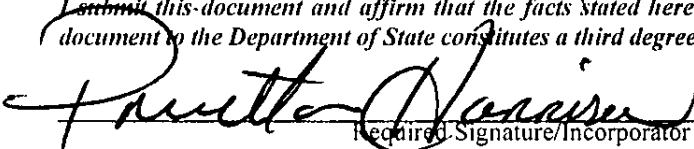
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

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

Date