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Office Use Only

## TRANSMITTAL LETTER

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

FROM:

Name of Incorporator: Sulaiman Mateen Saleem

Name of Corporation: Guaranty Trust Investment Corporation

Address: 4667 Arcadia Avenue

City: Fort Pierce State: Florida Zip: 34946

Daytime Telephone number: <u>772-418-4425</u>

E-mail address: gticorpol@hotmail.com

Enclosed are an original and (1) copy of the articles incorporation and a money order in the amount of \$78.75 for the Filing Fee and Certificate of Status.

Please be further advised that a Notice of Intent to incorporate a fictitious name has been advertised in the Leagal Notice Section of The Treasure Coast St. Lucie News Paper for at least 30 days.



PROFIVE

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2012

SULAIMAN MATEEN SALEEM GUARANTY TRUST INVESTMENT CORPORATION 4667 ARCADIA AVENUE FORT PIERCE, FL 34946

SUBJECT: GUARANTY TRUST INVESTMENT CORPORATION

Ref. Number: W12000038503

We have received your document for GUARANTY TRUST INVESTMENT CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or is not distinguishable from the name of an administratively dissolved or revoked business entity which has a reinstatement application pending on our records. Please select a new name or add one or more major words to the current name to make it distinguishable. Simply adding "of Florida" or "Florida" to the end of the name is not acceptable.

The document number of the conflict is P96000072298--GUARANTY TRUST INVESTMENTS, INC..

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 412A00019268



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2012

MARVIN ARTHUR SAMMONS 4667 ARCADIA AVE FORT PIERCE, FL 34946

SUBJECT: GUARANTY TRUST INVESTMENT CORPORATION

Ref. Number: W12000051828

We have received your document for GUARANTY TRUST INVESTMENT CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or is not distinguishable from the name of an administratively dissolved or revoked business entity which has a reinstatement application pending on our records. Please select a new name or add one or more major words to the current name to make it distinguishable. Simply adding "of Florida" or "Florida" to the end of the name is not acceptable.

The document number of the conflict is .

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 812A00024993

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

ARTICLE I The name of the c	NAME Guaranty Trus	st Investment	t Corporation
	PRINCIPAL OFFICE Principal street address 4667 Arcadia Avenue Fort Pierce, Florida 34946	Mailing a	address, if different is: Longlest Court Lief Fl. 34953
To sta	PURPOSE which the corporation is organized is: ntup own and ope in but not limited to		
ARTICLE IV	SHARES On a resilling along		-     -       -     -     -
The number of sha	ares of stock is One million shar	es of commo	on stock.
ARTICLE V Name and T Address:	INITIAL OFFICERS AND/OR DIRECTOR  Title: Sulaiman Mateen Saleem, President/C.E.O  4667 Arcadia Avenue  Fort Pierce, Florida 34946	RS Name and Title: Address:	
Name and T Address:	ACCO ASSESSMENT ASSESS	Name and Title: Shaff	angia Mª Duren/CF.D. S.W. Longles & Court Cr. Luice, FI. 34953
Name and T Address:	itle:Enjoli Hemandez, Asst.Vice President/C.O.O 3092 SW Longleaf Court Port Saint Lucie, Florida 34953	Name and Title:Address:	
ARTICLE VI	REGISTERED AGENT		AAS 4
The <u>name and Flo</u> Name: Address:	orida street address (P.O. Box NOT acceptable) o Enjoli Hernandez 3092 SW Longleaf Court Port Saint Lucie, Florida 34953	f the registered agent is:  — — — —	PARAMATICAL PROPERTY OF THE PR
ARTICLE VII	INCORPORATOR		三年 至 古 3
The <u>name and ad</u> Name: Address:	dress of the Incorporator is: Sulaiman Mateen Saleem 4667 Arcadia Avenue Fort Pierce, Florida 34946	 	TEOMIDA
	med as registered agent to accept service of process m familiar with and accept the appointment as reg  When the control of th		
I submit this docu	ument and affirm that the facts stated herein are	true. I am aware that the	false information submitted in a
	repartment of State constitutes a third degree felon  MOM L July  Required Signature/Incorporator		