

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H130000195073)))



H130000195073ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DAVID.CPA@TAMPABAY.FL.GOV

FLORIDA PROFIT/NON PROFIT CORPORATION
DALE CHARLES GANTZ, PA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

Jan. 25. 2013 12:52PM

H130000195073

No. 6211 P. 2

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: DALE CHARLES GANTZ, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

3980 64TH ST N SUIT 8
ST PETERSBURG, FL 33709

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE A LICENSED REAL
ESTATE AGENCY BUSINESS AND ANY OTHER LEGAL BUSINESS IN
THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES OF COMMON

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DALE CHARLES GANTZ, PRESIDENT

Address: 3980 64TH ST N UNIT 8
ST PETERSBURG, FL 33709

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
13 JAN 25 PM 4:07
TALLAHASSEE, FLORIDA

H130000195073

Jan. 25. 2013 12:52PM

H130000195073

No. 6211 P. 3

(cont.)

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: DAVID C HASTINGS CPA

Address: 2207 54TH ST S

GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS CPA

Address: 2207 54TH ST S

GULFPORT, FL 33707

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

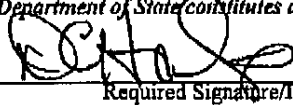


Required Signature/Registered Agent

01/25/2013

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

01/25/2013

Date

FILED
13 JAN 25 PM 4:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

H130000195073