

P/3000018355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 2/26

## COVER LETTER

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

**SUBJECT: GJF RESOURCES 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: S J COOPER & ASSOCIATES**

Name (Printed or typed)

**3269 STURGEON BAY COURT**

Address

**NAPLES, FLORIDA 34120**

City, State & Zip

**239-272-7074**

Daytime Telephone number

**LYNN.BLOODGOOD@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: GJF RESOURCES INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

1519 REDINGTON DR  
REDINGTON, FL 33708

Mailing address, if different is:

3269 STURGEON BAY CT  
NAPLES, FL 34120

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: GARY FERRACANE, PRESIDENT    Name and Title: \_\_\_\_\_

Address: 1519 REDINGTON DR    Address: \_\_\_\_\_  
REDINGTON, FL 33708

Name and Title: JOANNA FERRACANE, VICE PRESIDENT    Name and Title: \_\_\_\_\_

Address: 1519 REDINGTON DR    Address: \_\_\_\_\_  
REDINGTON, FL 33708

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

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

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TALLAHASSEE, FLORIDA

(conti.)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

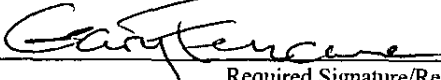
Name: GARY FERRACANE  
Address: 1519 REDINGTON DR  
REDINGTON, FL 33708

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SJCOOPER & ASSOICATES,L.BLOODGOOD  
Address: 3269 STRUGEON BAY CT  
NAPLES,FL 34120

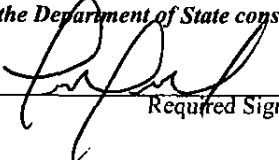
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

2/14/2013

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

2/14/2013

Date