

P13008044272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

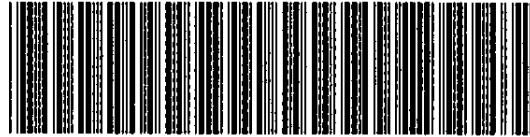
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/17/13--01015--003 \*\*78.75

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13 MAY 17 PM 2:03

STATE OF FLORIDA  
TALLAHASSEE

J. Shivers MAY 20 2013

**COVER LETTER**

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

**SUBJECT: GSB Papers, 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: Gayle Steinhart**

Name (Printed or typed)

**493 Winding Creek Pl**

Address

**Longwood, Florida 32779**

City, State & Zip

**407-949-2585**

Daytime Telephone number

**gayle.e.steinhart@gmail.com**

E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 17 PM 2:03

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**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: GSB Papers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

493 Winding Creek Pl  
Longwood, Florida 32779

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Retail sales of invitations and stationery

**ARTICLE IV SHARES 100**

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Gayle Steinhart/ President, Sec'y

Name and Title: Barry Steinhart

Address 493 Winding Creek Pl  
Longwood, Florida 32779

Address: 493 Winding Creek Pl  
Longwood, Florida 32779

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

RECORDED  
OFFICE OF STATE  
ATTORNEY  
FLORIDA  
13 MAY 17 PM 2:08

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(conti.)

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: Barry Steinhart  
Address: 493 Winding Creek Pl  
Longwood, Florida 32779

**ARTICLE VII INCORPORATOR**

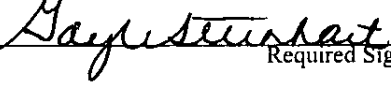
The **name and address** of the Incorporator is:

Name: Gayle Steinhart  
Address: 493 Winding Creek Pl  
Longwood, Florida 32779

*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*

 5-13-13  
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.*

 5-13-13  
Required Signature/Incorporator Date

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13 MAY 17 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA