

P/3000080024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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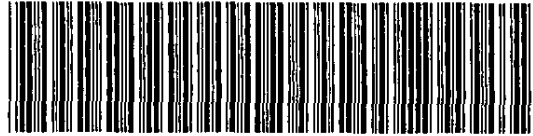
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n 09/27/13

COVER LETTER

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

SUBJECT: **GDT Tribal Services, 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: **Maxine Pierson**

Name (Printed or typed)

500 Australian Ave So. Suite 600

Address

West Palm Beach, FL 33401

City, State & Zip

407-504-3048

Daytime Telephone number

Info@gdttek.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: GDT Tribal Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 Australian Ave So.

Suite 600

West Palm Beach, Fl 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful Activity

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roger White President

Name and Title: _____

Address 500 Australian Ave So.

Address: _____

Suite 600

West Palm Beach, Fl 33401

Name and Title: Maxine Pierson EVP

Name and Title: _____

Address 500 Australian Ave So.

Address: _____

Suite 600

West Palm Beach, Fl 33401

Name and Title: Bo Linton Secretary

Name and Title: _____

Address 500 Australian Ave So.

Address: _____

Suite 600

West Palm Beach, Fl 33401

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TALLAHASSEE, FLORIDA

(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: Jerry Saver
Address: 10309 Trianon Pl
Wellington, Fl 33449

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maxine Peirson
Address: 500 Australian Ave So. Suite 600
West Palm Beach, Fl 33401

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TALLAHASSEE, FLORIDA

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

Jerome R Saver
Required Signature/Registered Agent

9-20-13
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.

Maxine Peirson
Required Signature/Incorporator

9/20/13
Date