

P13000085753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

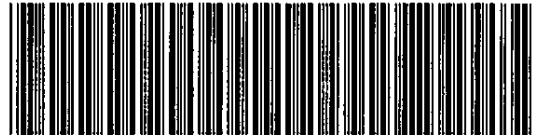
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-55566

Office Use Only



400252246314

10/04/13--01033--002 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 OCT 18 PM 4:09

1/4

COVER LETTER

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

SUBJECT: GNT Customs 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JAMES TERRACCIANO
Name (Printed or typed)

1891 SW Altman Ave.
Address

Port Saint Lucie FL 34953
City, State & Zip

561.313.3424
Daytime Telephone number

info@HookHERTackle.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2013

JAMES TERRACCIANO
1891 SW ALTMAN AVE.
PORT SAINT LUCIE, FL 34953

SUBJECT: GNT CUSTOMS INC.
Ref. Number: W13000055566

We have received your document for GNT CUSTOMS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 013A00023462

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: GNT Customs Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

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1891 SW Altman Ave.
Port Saint Lucie
FL. 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Graphic/Printing Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES TERRACCIANO P Name and Title: _____

Address: 1891 SW Altman Ave. Address: _____
Port Saint Lucie
FL. 34953

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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: _____

JAMES TERRACCIANO

Address: _____

1891 SW Altman Ave.

Port Saint Lucie, FL. 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

JAMES TERRACCIANO

Address: _____

1891 SW Altman Ave

Port Saint Lucie, FL. 34953

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

9/30/2013

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

9/30/2013

Date