

P140000008189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

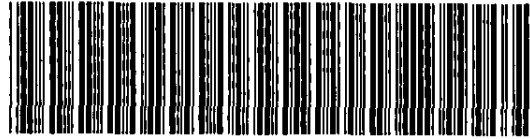
(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 22 PM 4:07

COVER LETTER

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

SUBJECT: Gate Pros 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: Randall Hand
Name (Printed or typed)

8920 Erie Ln
Address

Parrish FL 34219
City, State & Zip

941-737-4001
Daytime Telephone number

chand@sslminc.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: Gate Pros Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8920 Erie Ln

Parrish, FL 34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any and all
business not prohibited by the Laws of the State of Florida.
This corporation shall have all powers given corporations
under the Laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chad J. Knight, Pres. Name and Title: _____

Address 2185 W. Myakka Rd Address: _____

Avon Park, FL 33825

Name and Title: Justin D. Hand, VP Name and Title: _____

Address 2101 State Road 64 W Address: _____

Wauchula, FL 33873

Name and Title: Randall M. Hand, Secretary/Treasurer Name and Title: _____

Address 3540 State Road 64 W. Address: _____

Wauchula, FL 33873

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(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: Randall M. Hand
Address: 3540 State Road 64 W
Wauchula, FL 33873

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Randall M. Hand
Address: 3540 State Road 64 W.
Wauchula, FL 33873

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

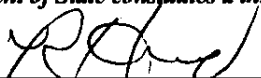


Required Signature/Registered Agent

1-15-14

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

1-15-14

Date

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