

PI4000020796

(Requestor's Name)

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(City/State/Zip/Phone #)

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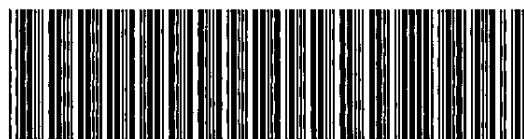
(Business Entity Name)

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TALLAHASSEE, FLORIDA

11114-12328

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COVER LETTER

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

SUBJECT: GK TECHNOLOGIES COMPANY
(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: GABRIEL KOHN
Name (Printed or typed)

20173 PALM ISLAND DRIVE
Address

BOCA RATON, FL, 33498
City, State & Zip

561-213-5504
Daytime Telephone number

gktechnologies111@gmail.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

February 25, 2014

GABRIEL KOHN
20173 PALM ISLAND DRIVE
BOCA RATON, FL 33498

SUBJECT: GK TECHNOLOGIES COMPANY
Ref. Number: W14000012328

We have received your document for GK TECHNOLOGIES COMPANY 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 514A00004202

COVER LETTER

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

GSK INNOVATIVE SOLUTIONS Inc.

SUBJECT: GK TECHNOLOGIES COMPANY
(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: GABRIEL KOHN
Name (Printed or typed)

20173 PALM ISLAND DRIVE
Address

BOCA RATON, FL, 33498
City, State & Zip

561-213-5504
Daytime Telephone number

gktechnologies111@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)

GSK INNOVATIVE SOLUTIONS Inc.

ARTICLE I NAME

The name of the corporation shall be: ~~GSK TECHNOLOGIES COMPANY~~

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

20173 Palm Island Drive
Boca Raton, FL 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Technical and business Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GABRIEL KOHN, President Name and Title:

Address 20173 Palm Island Dr. Address:
Boca Raton, FL 33498

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

(cont.)

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

14 MAR - 6 AM 11:36
STATE OF FLORIDA
DEPARTMENT OF REVENUE

ARTICLE VI REGISTERED AGENT

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

Name: GABRIEL KOHN

Address: 20173 Palm Island Drive
Boca Raton, FL 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GABRIEL KOHN

Address: 20173 Palm Island Drive
Boca Raton, FL, 33498

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

2/20/2014
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

2/20/2014
Date