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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: GULF COAST LABS CORPORATION  
(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: JOSEPH M. BAKER  
Name (Printed or typed)

219 SCENIC GULF DRIVE, UNIT 173D  
Address

MIRAMAR BEACH, FL 32550  
City, State & Zip

704 906 8569  
Daytime Telephone number

JBAKER1089 @ AOL. 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: GULF COAST LABS CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

219 SCENIC GULF DRIVE,

UNIT 1730

MIRAMAR BEACH, FL 32550

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CHEMICAL SALES AND DISTRIBUTION

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: JOSEPH M. BAKER - PRESIDENT Name and Title: \_\_\_\_\_

Address 219 SCENIC GULF DRIVE, Address: \_\_\_\_\_

UNIT 1730

MIRAMAR BEACH FL 32550

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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: Joseph M. Baker  
Address: 219 SCENIC GULF DRIVE, UNIT 1730  
MIRAMAR BEACH FL 32550

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joseph M. Baker  
Address: 219 SCENIC GULF DRIVE, UNIT 1730  
MIRAMAR BEACH, FL 32550

*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*

Joseph M. Baker

Required Signature/Registered Agent

5/5/2014

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.*

Joseph M. Baker

Required Signature/Incorporator

5/5/2014

Date

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