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COVER LETTER

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

SUBJECT: GKH	HCVC, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 o Status
		ADDITIONAL CO	PY REQUIRED
22	215 S. Third St.,	Ste. 103 Address	
Ja	icksonville Beac	•	
90	City. 04-246-9994	State & Zip	
	Daytime 7	Telephone number	
jba	ankston@bapblaw. E-mail address: (to be use	COM ed for future annual report	notification)

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

ICLE I NA ame of the corpo	ME attion shall be: GKHCVC, Inc.	14 Hay 2
	RINCIPAL OFFICE	ORPORATION /or Chapter 621, F.S. (Profit) // Profit of 14 Hay 22 PM 2: 4 Mailing address, if different is:
1 Old Pon	Principal <u>street</u> address te Vedra Drive	ivianing address, it different is.
nte Vedra	, FL 32082	
ICLE III PU urpose for which	RPOSE Any lawful purpose recognitive dis:	mized under Florida law. In addition, George Kim will use the business in association with Ns speaking engagem
	4-1-3	
_		
ICLE IV SF	IARES of stock is:	
ICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR George Kim/Director, Officer, President Treasurer	
ICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR George Kim/Director, Officer, President, Treasurer	Name and Title:
ICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR George Kim/Director, Officer, President Treasurer	Name and Title:
ICLE V IN	George Kim/Director, Officer, President, Treasurer 124 Old Ponte Vedra Dr.	Name and Title:
Name and Ti Address	George Kim/Director, Officer, President, Treasurer 124 Old Ponte Vedra Dr. Ponte Vedra, FL 32082	Name and Title: Address:
Name and Ti Address Name and Tit	George Kim/Director, Officer, President, Treasurer 124 Old Ponte Vedra Dr. Ponte Vedra, FL 32082	Name and Title: Address: Name and Title:
Name and Ti Address	George Kim/Director, Officer, President, Treasurer 124 Old Ponte Vedra Dr. Ponte Vedra, FL 32082	Name and Title: Address: Name and Title:
Name and Ti Address Name and Tit	George Kim/Director, Officer, President, Treasurer 124 Old Ponte Vedra Dr. Ponte Vedra, FL 32082	Name and Title: Address: Name and Title:
Name and Ti Address Name and Tit	George Kim/Director, Officer, President, Treasurer 124 Old Ponte Vedra Dr. Ponte Vedra, FL 32082	Name and Title: Address: Name and Title:
Name and Ti Address Name and Tit Address	George Kim/Director, Officer, President, Treasurer 124 Old Ponte Vedra Dr. Ponte Vedra, FL 32082	Name and Title: Address: Name and Title: Address:

Name a	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI	DECISTEDED ACENT	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Jeffrey R. Bankston, P.A.	
Address:	2215 S. Third St., Ste. 103	
Address.	Jacksonville Beach, FL 32250	
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Jeffrey R. Bankston, Esq.	
Address:	2215 S. Third St., Ste. 103	
	Jacksonville Beach, FL 32250	
Having been nat this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
(AKIX	16. 15 M	5-20-14
/)000	Required Signature/Registered Agent	Date
I submit this doc document to the	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
C Stos	Required Signature/Incorporator For	George 5-20-14 Date
	K	ina