## 11/1005383

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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Special Instructions to	Filing Officer:					
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## **COVER LETTER**

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

 $_{ ext{SUBJECT:}\_}$ G P TIMBER 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

& Certificate of Status

□ \$78.75
Filing Fee

\$87.50 Filing Fee,

& Certified Copy Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

OM:	DONALD L CHESTNUT
	Name (Printed or typed)
	P.O. BOX 741
,	Address
	WHITE SPRINGS FLORIDA 32096
	City, State & Zip
	3862889660
•	Daytime Telephone number
	pruittveda@aol.com

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

E-mail address: (to be used for future annual report notification)

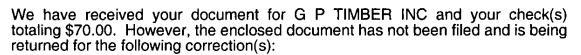


## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2014

DONALD L. CHESTNUT P.O. BOX 741 WHITE SPRINGS, FL 32096

SUBJECT: G P TIMBER INC Ref. Number: W14000035257



The registered agent must have a Florida street address. A post office box is not acceptable.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 214A00012224

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

•			
RTICLE II PRI	ME tion shall be: G P TIMBER INC	Mailing address, if different 11:40	
from a constant	Principal street address	Mailing address, if different //: 40 P.O. BOX 741	
17034 5	ECR 25A		
White Springs Fl		WHITE SPRINGS	
	32096	FLORIDA 32096	
	POSE		
· ·	he corporation is organized is:		
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		•	
RTICLE IV SHA	IRES 10		
RTICLE IV SHA	stock is:		
RTICLE V INI			
	TIAL OFFICERS AND/OR DIRECTOR	25	
	<i>TIAL OFFICERS AND/OR DIRECTOR</i> DONALD L CHESTNUT	<del></del>	
Name and Title	DONALD L CHESTNUT	Name and Title: PRESIDENT	
	P.O. BOX 741	<del></del>	
Name and Title	P.O. BOX 741 WHITE SPRINGS	Name and Title: PRESIDENT	
Name and Title	P.O. BOX 741	Name and Title: PRESIDENT	
Name and Title	DONALD L CHESTNUT P.O. BOX 741 WHITE SPRINGS FLORIDA 32096	Name and Title: PRESIDENT  Address:	
Name and Title Address  Name and Title	DONALD L CHESTNUT P.O. BOX 741 WHITE SPRINGS FLORIDA 32096	Name and Title: PRESIDENT  Address:  Name and Title:	
Name and Title	DONALD L CHESTNUT P.O. BOX 741 WHITE SPRINGS FLORIDA 32096	Name and Title: PRESIDENT  Address:  Name and Title:	
Name and Title Address  Name and Title	DONALD L CHESTNUT P.O. BOX 741 WHITE SPRINGS FLORIDA 32096	Name and Title: PRESIDENT  Address:  Name and Title:	
Name and Title Address  Name and Title	DONALD L CHESTNUT P.O. BOX 741 WHITE SPRINGS FLORIDA 32096	Name and Title: PRESIDENT  Address:  Name and Title:	
Name and Title Address  Name and Title	P.O. BOX 741 WHITE SPRINGS FLORIDA 32096	Name and Title: PRESIDENT  Address:  Name and Title:	
Name and Title Address  Name and Title Address	P.O. BOX 741 WHITE SPRINGS FLORIDA 32096	Name and Title: PRESIDENT  Address:  Name and Title:  Address:	
Name and Title Address  Name and Title Address	DONALD L CHESTNUT P.O. BOX 741 WHITE SPRINGS FLORIDA 32096	Name and Title: PRESIDENT  Address:  Name and Title:  Address:	
Name and Title Address  Name and Title Address  Name and Title	P.O. BOX 741 WHITE SPRINGS FLORIDA 32096	Name and Title:  PRESIDENT  Address:  Name and Title:  Address:  Name and Title:  Address:	
Name and Title Address  Name and Title Address  Name and Title	DONALD L CHESTNUT P.O. BOX 741 WHITE SPRINGS FLORIDA 32096	Name and Title: PRESIDENT  Address:  Name and Title: Address:  Name and Title: Address:	

Name and	Title:	Name and Title:				
Address		Address:				
ARTICLE VI The name and Flo	REGISTERED AGENT  rida street address (P.O. Box NOT acceptable) of	the registered agent is:	•			
Name:	DONALD L CHESTNUT					
Address:	17034 SECR 25A White Springs F1 32096					
ARTICLE VII	INCORPORATOR					
The name and add	Iress of the Incorporator is:					
Name:	VEDA G PRUITT					
Address:	707 SW NURSERY RD					
	LAKE CITY, FL 32024					
Having been name	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	for the above stated corpora istered agent and agree to ac	tion at the place designated in t in this capacity			
Sand 1	har-		05282014			
	Required Signature/Registered Agent	•	Date			
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon					
	Veda Pritt		05282014			
	Required Signature/Incorporator	<del></del>	Date			