

P14000054088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

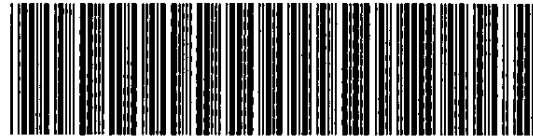
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900260729849

06/18/14--01012--004 \*\*78.75

FILED

14 JUN 18 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/23/14

## COVER LETTER

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

SUBJECT: GREAT OUTDOORS OUTLET 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  
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: JASON A SARTOR  
Name (Printed or typed)

1212 - ASHBORO CIRCLE  
Address

PALEMBAY FL - 32909  
City, State & Zip

321-501-1591  
Daytime Telephone number

jasartor@gmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

14 JUN 18 PM 2:38

FILED

**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)

9

**ARTICLE I NAME**

The name of the corporation shall be: GREAT OUTDOORS OUTLET INC.

FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1212 . . ASHBORO CIRCLE SE  
PALM BAY, FLORIDA  
32909

Mailing address, if different is:

14 JUN 18 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: N/A

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JASON A SARTOR - CEO Name and Title: \_\_\_\_\_

Address 1212 ASHBORO CIR SE Address: \_\_\_\_\_  
PALM BAY, FL  
32909

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

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

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

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

(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: JASON A SARTOR

Address: 1212 ASHBOR CIRCLE

PALM BAY FL 32909

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JASON A SARTOR

Address: 1212 ASHBOR CIRCLE

PALM BAY FL 32909

*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

5/4/14  
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

5/4/14  
Date

FILED  
14 JUN 18 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA