

P14000062125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900262454329

07/21/14--01057--003 **87.50

Special Instructions to Filing Officer:
CORRECTED ARTICLE IV (SHARES)
TO READ "1" PER TELEPHONE
CONVERSATION WITH
JANE NEEDHAM MCILREAVY.
[Signature] 07/24/14

Office Use Only

FILED
14 JUL 21 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature] 07/24/14

COVER LETTER

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

SUBJECT: Guarantee Trust Merchant, 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: Jane Needham McIlreavy

Name (Printed or typed)

5254 Cypress Links Blvd.

Address

Elkton, FL 32033

City, State & Zip

904-451-7061

Daytime Telephone number

gtm.jane@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)

ARTICLE I NAME

The name of the corporation shall be: Guarantee Trust Merchant, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5254 Cypress Links Blvd.

Elkton, FL 32033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The dispersal of Company funds to various sub-companies.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jane Needham McIlreavy, PA Name and Title: _____

Address: 5254 Cypress Links Blvd. Address: _____
Elkton, FL 32033 Address: _____

Name and Title: Mary Wivholm, Sales Name and Title: _____

Address: 517 West 12th Avenue Address: _____
Anchorage, AK 99501-4434 Address: _____

Name and Title: Joe Miller, Director Name and Title: _____

Address: 627 Gaffney Road Address: _____
Suite 101 Address: _____
Fairbanks, AK 99701-4607 Address: _____

FILED
14 JUL 21 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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: Jane Needham McIlreavy
 Address: 5254 Cypress Links Blvd.
Elkton, FL 32033

FILED
 14 JUL 21 AM 11:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jane Needham McIlreavy
 Address: 5254 Cypress Links Blvd.
Elkton, FL 32033

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

Jane Needham McIlreavy 7-17-14
 Required Signature/Registered Agent 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.

Jane Needham McIlreavy 7-17-14
 Required Signature/Incorporator Date