

P14000062125

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

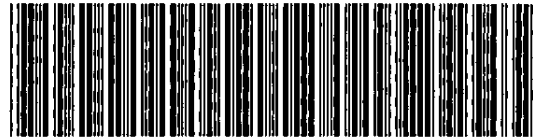
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED ARTICLE IV (SHARES)
TO READ "1" PER TELEPHONE
CONVERSATION WITH
JANE NEEDHAM MCILREAVY.

✓ 07/24/14

Office Use Only



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07/21/14--01U57--003 **87.50

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

✓ 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

Name and Title: Mary Wivholm, Sales

Name and Title: _____

Address 517 West 12th Avenue

Address: _____

Anchorage, AK 99501-4434

Name and Title: Joe Miller, Director

Name and Title: _____

Address 627 Gaffney Road

Address: _____

Suite 101

Fairbanks, AK 99701-4607

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CLERK OF DISTRICT COURT
JANUARY 11, 2014

(cont.)

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

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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
Required Signature/Registered Agent

7-17-14
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.

Jane Needham McIlreavy
Required Signature/Incorporator

7-17-14
Date