

P/4000068366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

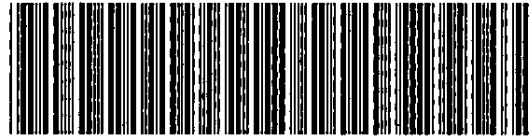
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MOVED "REALTOR SERVICES"
TO ARTICLE III (PURPOSE)
PER TELEPHONE CALL WITH
GILDA THREADCRAFT.

K 08/15/14

Office Use Only



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08/11/14--01035--016 **78.75

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FILING OFFICE, FLORIDA

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COVER LETTER

ATX1

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

SUBJECT: GILDA THREADCRAFT P.A.

(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: GILDA THREADCRAFT

Name (Printed or typed)

7943 MONTEREY BAY DRIVE

Address

JACKSONVILLE, FL 32256

City, State & Zip

(904) 996-3200

Daytime Telephone number

gthreadcraft@aol.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 NAMEThe name of the corporation shall be: GILDA THREADCRAFT P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7943 MONTEREY BAY DRIVEJACKSONVILLE, FL 32256**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO CONDUCT TO THE EXTENT PERMITTED BY FLORIDALAW, OR TO CARRY ON IN ANY CAPACITY ANY BUSINESS OR TRADE DEEMED LEGAL IN THE STATE OFFLORIDA. REALTOR SERVICES.**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES OF COMMON, \$1 PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GILDA THREADCRAFT, PRESIDENT/DIR Name and Title: _____Address: 7943 MONTEREY BAY DRIVE Address: _____JACKSONVILLE, FL 32256

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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14 AUG 11 AM 11:27
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: GILDA THREADCRAFT
Address: 7943 MONTEREY BAY DRIVE
JACKSONVILLE, FL 32256

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: GILDA THREADCRAFT
Address: 7943 MONTEREY BAY DRIVE
JACKSONVILLE, FL 32256

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CLERK OF THE COURT
JACKSONVILLE, FLORIDA

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

Gilda M. Threadcraft
Required Signature/Registered Agent

8/8/2014
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.

Gilda M. Threadcraft
Required Signature/Incorporator

8/8/2014
Date