

P 14 000086788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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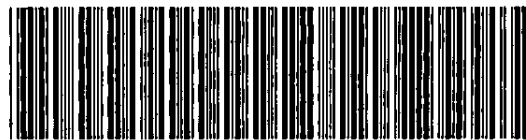
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

af 10/23/14

COVER LETTER

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

SUBJECT: GEM MAINTENANCE & MANAGEMENT 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: KENNETH M. RUBY
Name (Printed or typed)

309 4TH ST. SOUTH
Address

DUNDEE, FLA. 33838
City, State & Zip

813 362-9948
Daytime Telephone number

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

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

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TALLAHASSEE, FLORIDA

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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: GEM MAINTENANCE & MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

309 4TH ST. SOUTH
DUNDEE, FLA. 33838

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REPAIR & MAINTENANCE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNETH M. ROBY (PRES) Name and Title: _____

Address 309 4TH ST. SOUTH Address: _____

DUNDEE, FLA. 33838

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: KENNETH M. RUBY

Address: 309 4TH ST. SOUTH

DUNDEE, FLA 33838

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

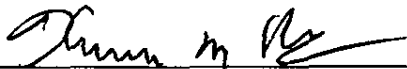
Name: KENNETH M. RUBY

Address: 309 4TH ST. SOUTH

DUNDEE, FLA 33838

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TALLAHASSEE, FLORIDA

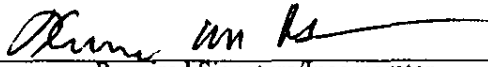
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/15/14
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

10/15/14
Date