

PH000091476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

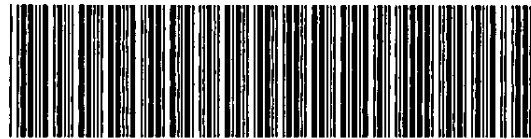
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900251477049

09/09/13--01017--010 **70.00

PAID
14 NOV -7 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FL 32399-4000

W13-50458

COVER LETTER

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

ATT. JESSICA

SUBJECT: GCF 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: Emily Pettigrew
Name (Printed or typed)

9404 OCTAVIA LANE
Address

NAVARRE, FL 32566
City, State & Zip

850-261-8044
Daytime Telephone number

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

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:

GCF INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Emily Pettigrew

Allison Pettigrew

9404 OCTAVIA LANE

- SAME -

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONCRETE CONTRACTOR

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Emily Pettigrew

Name and Title:

Allison Pettigrew

Address

President

Address:

VP

9404 OCTAVIA LANE

NAVAMPE, FL 32566

9404 OCTAVIA LANE

NAVAMPE, FL 32566

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

14 NOV - 7 PM '13

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: Emily Pettigrew

Address: 9404 OCTAVIA LANE
NAUANNI, FL 32566

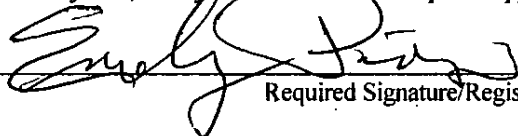
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emily Pettigrew

Address: 9404 OCTAVIA LANE
NAUANNI, FL 32566

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

11/5/14

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

11/5/14

Date

14 NOV -7 PM 4:48
TALLAHASSEE, FL 32304