

P14000096568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

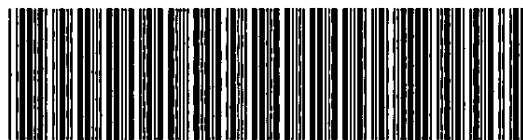
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-61739

Office Use Only



100264906061

10/07/14--01015--007 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -1 AM 7:13

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Gavin & Assoc. 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: Charles Gavin
Name (Printed or typed)

PO Box 5142
Address

McLean VA 22103
City, State & Zip

(703) 409-9795
Daytime Telephone number

C1GAVIN@Cox.net
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2014

CHARLES GAVIN
PO BOX 5142
MCLEAN, VA 22103

SUBJECT: GAVIN & ASSOC. INC.
Ref. Number: W14000061739

We have received your document for GAVIN & ASSOC. INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 714A00021670

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Gavin & Assoc. Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

5701 Collins Ave #1510
MIAMI Beach, FL 33140

Mailing address, if different is:

PO Box 5192
McLean VA 22103

SECRETARY OF STATE
TREASURER
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Structural Engineering

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Gavin - President Name and Title: _____

Address PO Box 5192 Address: _____
McLean VA 22103

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 14 DEC -1 AM 7:13
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Charles Gavin
Address: 5701 Collins Ave #1610
Miami Beach Fla. 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Gavin
Address: PO Box 5142
McLean VA 22102

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

[Signature]

Required Signature/Registered Agent

9-25-14

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.

[Signature]

Required Signature/Incorporator

9-25-14

Date