

PK 1000101669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

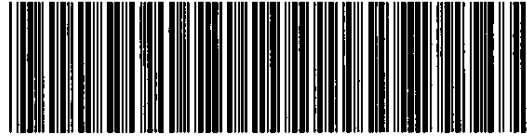
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 23 2014

S. GILBERT

## COVER LETTER

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

SUBJECT: **G&K Consulting Services Co.**

(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: **George M. Foster**

Name (Printed or typed)

**13239 Graham Yarden Drive**

Address

**Riverview, FL. 33579**

City, State & Zip

**760-717-9541**

Daytime Telephone number

**gmf3483@att.net**

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: G&K Consulting Services Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

13239 Graham Yarden Drive

Riverview, FL 33579

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Retail construction services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: George M Foster - President

Address: 13239 Graham Yarden Drive  
Riverview, FL 33579

Name and Title: Kjarla Foster - Vice President

Address: 13239 Graham Yarden Drive  
Riverview, FL 33579

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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:

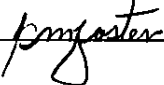
Name: George M Foster  
Address: 13239 Graham Yarden Drive  
Riverview, FL 33579

**ARTICLE VII INCORPORATOR**

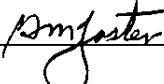
The name and address of the Incorporator is:

Name: George M Foster  
Address: 13239 Graham Yarden Drive  
Riverview, FL 33579

*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 12/18/14 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 12/18/14 Date