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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727) 322-0909  
Fax Number : (727) 322-0520

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: DAVID CPA@TAMPABAY-RR.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
TROY GOULAH, PA

Certificate of Status	1
Certified Copy	0
Page Count	03
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14 DEC 29 AM 7:53  
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No. 0723 P. 2

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

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**ARTICLE I NAME**  
The name of the corporation shall be: **TROY GOULAH, PA**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

**1990 59TH ST N**  
**ST PETERSBURG, FL 33710**

Mailing address, if different is:

**SAME**

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: **TO OPERATE ANY LEGAL BUSINESS**  
**IN THE STATE OF FLORIDA, INCLUDING A LICENSED REAL ESTATE AGENT.**

**ARTICLE IV SHARES** **1000**  
The number of shares of stock is:

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

Name and Title:	<b>TROY GOULAH PST</b>	Name and Title:	
Address:	<b>1990 59TH ST N</b>	Address:	
	<b>ST PETERSBURG, FL 33710</b>		

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

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

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(cont.)

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: DAVID C HASTINGS CPA  
Address: 2207 54TH ST S  
GULFPORT, FL 33707

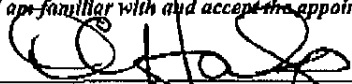
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID C HASTINGS  
Address: 2207 54TH ST S  
GULFPORT, FL 33707

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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

12/26/2014

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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

12/26/2014

Date

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