

P15000012967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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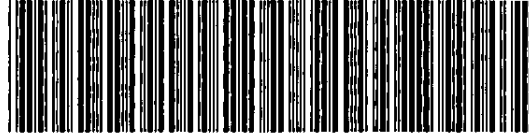
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1/6

## COVER LETTER

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

Gaia Business Consulting, Inc.

**SUBJECT:** \_\_\_\_\_  
(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**

Seth Quinto  
FROM: \_\_\_\_\_  
Name (Printed or typed)  
1058 N. Tamiami Trail #108  
\_\_\_\_\_  
Address  
Sarasota, FL 34236  
\_\_\_\_\_  
City, State & Zip  
954-701-8070  
\_\_\_\_\_  
Daytime Telephone number  
sethquinto@gmail.com  
\_\_\_\_\_  
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** Gaia Business Consulting, Inc.

The name of the corporation shall be: \_\_\_\_\_

FILED  
AND  
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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1058 N. Tamiami Trail #108

Sarasota, FL 34236

Mailing address, if different is: 15 FEB 11 3 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

Business consulting and development.

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Seth Quinto, President

Address: 1058 N. Tamiami Trail #108

Sarasota, FL 34236

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

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

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

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

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

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

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

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

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

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

RECEIVED  
AND  
FILED

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

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

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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: Seth Quinto  
Address: 1058 N. Tamiami Trail #108  
Sarasota, FL. 34236

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Seth Quinto  
Address: 1058 N. Tamiami Trail #108  
Sarasota, FL. 34236

*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*

S. Q. Q.

Required Signature/Registered Agent

01/27/2015

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.*

S. Q. Q.

Required Signature/Incorporator

01/27/2015

Date