

P/50000/6211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

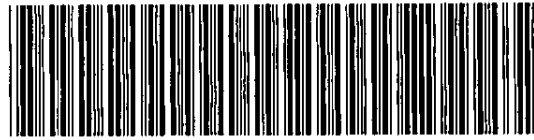
(Business Entity Name)

(Document Number)

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

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02/18/15--01016--001 \*\*79.75

15 FEB 18 AM 11:45  
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TAL/VA/SEC. FLORIDA

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AND  
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15 FEB 18 AM 11:26  
RECEIVED

✓ 02/18/15

## COVER LETTER

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

SUBJECT: GSDD, 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: Suzanne Dunn  
Name (Printed or typed)

PO Box 132  
Address

Lloyd, FL 32337  
City, State & Zip

(850) 567-5985  
Daytime Telephone number

Suzzi995@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**

The name of the corporation shall be: GSDD, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8626 Old Lloyd Rd  
Monticello, FL 32344

Mailing address, if different is:

PO Box 132  
Lloyd, FL 32337

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to lawfully conduct business  
in the State of Florida.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APPROVED

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Suzanne Dunn, Pres. Name and Title: \_\_\_\_\_

Address PO Box 132 Address: \_\_\_\_\_  
Lloyd, FL 32337

Name and Title: Brian Dunn, Vice Pres. Name and Title: \_\_\_\_\_

Address PO Box 132 Address: \_\_\_\_\_  
Lloyd, FL 32337

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

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

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: Suzanne Dunn  
Address: 8626 Old Lloyd Rd  
Monticello, FL 32344

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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AND  
FILED

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Suzanne Dunn  
Address: PO Box 132  
Lloyd, FL 32337

*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*

Suzanne Dunn

Required Signature/Registered Agent

2/17/2015

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.*

Suzanne Dunn

Required Signature/Incorporator

2/17/2015

Date