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(Requestor's Name)		
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	= #)
(,	.,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT:	GTFGRDK	Inc			
	(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u>	UDE 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Derryck J. Richardson, Sr Name (Printed or typed) 4212 Crawfordus//E Road					
Tallahessee Fl 32305 City, State & Zip					
(850) 597-0777 Daytime Telephone number					
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)

The name of the corpora	ME ation shall be: $GTFGRD$)R, In	۲,		
	Principal street address			ing address, if different is:	
•	Ruhardsin Sr. Fordville Rd.	<u> </u>	112hsstel	5929 Florids	
Tallahessee.	Florida 32305		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		estate.	Holding		
The purpose for Whiteh	ine corporation is organized is.				
					
					
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				R 19	
				10 1 10 10 10 10 10 10 10 10 10 10 10 10	ED
ARTICLE IV SH. The number of shares of				STA1:	
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	s Decides	+		
Name and Titl	e: Derryck. T. R. charden Sr	Name and Title	· ·	·	
Address	TELL OFFICERS AND/OR DIRECTOR 10: Derryck T. R. charden Sr 4216 Charterdulle Rd. Tallahessee, Alaida 32	_ Address:			
	Tallahester, Haida 32	305			
		-			
Name and Title		Name and Title	:		
Address		_ Address:			
		-			
					
Name and Title	e:	Name and Title	·		
Address		_ Address:			·
		-			

Name and Titl	le: î	Name and Title:
Address		Address:
ADDICE DE DE	GISTERED AGENT	
	a <u>street address</u> (P.O. Box NO T acceptable) of the	ne registered agent is:
Address: 47	16 Crawfordille Rd.	
Ti	Wyyll T. Rehardson Sr W Cranfordille Rd. Mahrsy fl 32305	
)	
ARTICLE VII IN	CORPORATOR	
The name and addres	s of the Incorporator is:	
Name: <u>J</u>	4212 Countridulle Rd.	
Address:	4216 Cuntidalle Rd.	
	Tellahista fl 32305	
Havina baan namad i	us registered agent to account service of process t	or the above stated corporation at the place designated in
this certificate, I am fo	amiliar with and accept the appointment as regis	tered agent and agree to act in this capacity
Um		3/19/2015
	Required Signature/Registered Agent	Date
I submit this document document to the Department to the Departmen	nt and affirm that the facts stated herein are tr irtment of State constitutes a third degree felony	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
()uk		3/19/2015
	Required Signature/Incorporator	Date
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