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(Requestor's Name)				
. (Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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TALLAHASSEE, FLERIBA



¹ COVER LETTER

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

SUBJECT: GRB (COMPUTER SYSTEMS CONSULTI	NG, INC.			
Sebater	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the art	cicles of incorporation and	d a check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL COPY REQUIRED			
FROM:	Geoffrey Booty Name (Printed or typed) 5550 Heron Point Drive #1803				
· ·	Address				
Na	ples, FL 34108				
-	City, State & Zip				
97	8-886-4090				
	Daytime T	elephone number	_		
GE	OFF@COMPUTERSC.COM				
	E-mail address: (to be use	d for future annual report r	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)

<u> ARTICLE II PRINC</u>	<u>CIPAL OFFICE</u>		
5550 Heron Point Driv	Principal street address	Mailing address, if different is:	
Naples, FL 34108			
			<u> </u>
ARTICLE III PURP The purpose for which and things and to exerc	OSE the corporation is organized is: ise any and all other powers which a new	age in computer systems consulti	ing and to do any and all acts
	w governing business corporations in f		
			70 A
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV SHAR The number of shares of			PH E 21
	AL OFFICERS AND/OR DIRECTORS	<u> </u>	
Name and Title	Geoffrey Booty, President	Name and Title:	
Address		Address:	
	5550 Heron Point Drive #1803	Address:	
	Naples, FL 34108	Address:	
		Address:	
Name and Title	Naples, FL 34108 Geoffrey Booty, Treasurer	Address: Name and Title:	
Name and Title	Naples, FL 34108 Geoffrey Booty, Treasurer		
	Naples, FL 34108 Geoffrey Booty, Treasurer	Name and Title:	
	Naples, FL 34108 Geoffrey Booty, Treasurer 5550 Heron Point Drive #1803 Naples, FL 34108	Name and Title:	
	Geoffrey Booty, Treasurer 5550 Heron Point Drive #1803 Naples, FL 34108 Geoffrey Booty, Director	Name and Title:Address:	
Address	Geoffrey Booty, Treasurer 5550 Heron Point Drive #1803 Naples, FL 34108	Name and Title:Address:	

Name a	nd Title:	Name and Title:	
Addres	·s	Address:	
	REGISTERED AGENT		
Name:	Clorida street address (P.O. Box NOT acceptable Geoffrey Booty	e) of the registered agent is:	
Address:	5550 Heron Point Drive #1803	Application of the Control of the Co	
riduress.	Naples, FL 34108		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		Te z m
Name:	Geoffrey Booty		69 5 (1)
Address:	5550 Heron Point Drive #1803		21 NEW 21
	Naples, FL 34108	<u> </u>	
Effective date, if (If an effective of days after the fine the Note: If the date	EFFECTIVE DATE: Soften than the date of filing: date is listed, the date must be specific and calling.) is inserted in this block does not meet the application of the specific date on the Department of State's reconstitution.	nnot be more than five business days	
Having been nai	med as registered agent to accept service of pro- am familiar with and accept the appointment as	ess for the above stated corporation a registered agent and agree to act in th	nt the place designated in is capacity 4/15
	Required Signature/Registered Agent		Date
I submit this doc document to the	cument and affirm that the facts stated herein of Department of State constitutes a third degree for	are true. I am aware that the false inf lony as provided for in s.817.155, F.S.	formation submitted in a
<u></u>	TR BI		24/15
Requi	inco Signature/Incorporator	***************************************	Date

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