## P1500065109

| (Requestor's Name)  |  |  |  |  |
|---|--|--|--|--|
| (Address)   |  |  |  |  |
| · · ·   |  |  |  |  |
| (Address)   |  |  |  |  |
| (City/State/Zip/Phone #)                                    |  |  |  |  |
| PICK-UP WAIT MAIL   |  |  |  |  |
| (Business Entity Name)                                      |  |  |  |  |
| (Document Number)   |  |  |  |  |
| Certified Copies Certificates of Status                     |  |  |  |  |
| Special Instructions to Filing Officer.  Letter 7  Espace 4 |  |  |  |  |
| 8.4.18  |  |  |  |  |
| Office Use Only   |  |  |  |  |
| (12 - 24 <sup>5</sup>                                       |  |  |  |  |



500272548415

05/06/15--01007--003 \*\*/8.75



Graham Firth 1122 Pennsylvania Ave Saint Cloud, FL 34769

July 27th 2015

To Whom it may concern, Florida Division of Corporations.

Subject: Gs Emporium INC, Ref# W15000033745

The letter states that I was the owner of the now dissolved Gs Emporium LLC, and I here by give my permission to the State of Florida Division of Corporations for them to use the name for the purpose of establishing Gs Emporium INC.

Thank you for your consideration in this matter.

Graham Firth

15 JUL 31 PH 2: 39

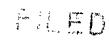
## **COVER LETTER**

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

1, 1

| SUBJECT: GS EN          | MPORIUM INC                                  |                                     |                         |  |  |
|-------------------------|--|-------------------------------------|-------------------------|--|--|
|                         | (PROPOSED CORPORA                            | ATE NAME - MUST INCL                | UDE SUFFIX)             |  |  |
| Enclosed are an ori     | ginal and one (1) copy of the ar             | ticles of incorporation and         | d a check for:          |  |  |
| ☐ \$70.00<br>Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | & Certificate of Status |  |  |
|                         |  | ADDITIONAL CO                       | PY REQUIRED             |  |  |
| FROM: _                 | S EMPORIUM INC                               | e (Printed or typed)                |                         |  |  |
| 11.                     | 22 PENNSLYVANIA AVENUE                       |                                     |                         |  |  |
| <del></del>             |  | Address                             |                         |  |  |
| ST                      | CLOUD FLORIDA 34769                          |                                     |                         |  |  |
|                         | City.  | , State & Zip                       |                         |  |  |
| 40                      | 7-873-0175                                   |                                     |                         |  |  |
|                         | Daytime Telephone number                     |                                     |                         |  |  |
| GS                      | EMPORIUM@YMAIL.COM                           |                                     |                         |  |  |
| <del></del>             | E-mail address: (to be use                   | d 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)

15 JUI 31 PM 2: 20

| <u>ARTICLE I NAME</u>                   |                                      |                    | .0 005 31 FM 2: 2                 |
|---|--------------------------------------|--------------------|-----------------------------------|
| The name of the corpora                 | ation shall be:                      | S EMPORIUM IN      | C SSOME HART OF STATE             |
| ARTICLE II PRIN                         | CIPAL OFFICE                         |                    | C SSCRETARY OF STATE              |
| •                                       | Principal street address             |                    | Mailing address, if different is: |
| 1122 PENNSLYVAN                         | IA AVENUE                            |                    |                                   |
| ST CLOUD, FL 3476                       | 9                                    |                    |                                   |
| ARTICLE III PURP The purpose for which  | OSE the corporation is organized is: |                    |                                   |
|   |                                      |                    |                                   |
| - · · · · · · · · · · · · · · · · · · · |                                      |                    |                                   |
| <del></del>                             |                                      |                    |                                   |
|   |                                      |                    |                                   |
| ARTICLE V INITE  Name and Titl          | AL OFFICERS AND/OR DIRECT<br>C:      |                    | d Title:                          |
| Address                                 | 1122 PENNSLYVANIA AVEN               | UE Address:        | 1122 PENNSLYVANIA AVENUE          |
|   | ST CLOUD, FL 34769                   |                    | ST CLOUD, FL 34769                |
|   |                                      |                    |                                   |
|   |                                      |                    |                                   |
| Name and Title                          | »:                                   | Name and           | d Title:                          |
| Name and Title                          | 3:                                   |                    |                                   |
|   |                                      | Address:           |                                   |
| Address                                 |                                      | Address:           |                                   |
| Address                                 |                                      | Address:  Name and | d Title:                          |

| Name and                                 | l Title:  | Name and Title:  |
|--|---|--|
| Address                                  |   | Address:   |
|  | dry military and the second   |  |
|  |   |  |
|  |   |  |
| ARTICLE VI                               | REGISTERED AGENT  |  |
| The <u>name and Fl</u>                   | orida street address (P.O. Box NOT acceptable) GRAHAM FIRTH   | of the registered agent is:  |
| Name:                                    | 1122 PENNSLYVANIA AVENUE  | _  |
| Address:                                 |   |  |
|  | ST CLOUD, FL 34769  | _  |
| ARTICLE VII                              | INCORPORATOR  |  |
|  | dress of the Incorporator is:   | ·  |
| Name:                                    | GRAHAM FIRTH  |  |
| Address:                                 | 1122 PENNSLYVANIA AVENUE  | _  |
| Audress.                                 | ST CLOUD, FL 34769  |  |
|  |   |  |
| ARTICLE VIII Effective date, if          | EFFECTIVE DATE: other than the date of filing:  | (OPTIONAL)   |
| (If an effective d<br>days after the fil | ate is listed, the date must be specific and cann   | ot be more than five business days prior or 90 business                                      |
| •  |   | a statute of Clina and visual and this data will not be lighted as                           |
|  | frective date on the Department of State's records  | e statutory filing requirements, this date will not be listed as                             |
| Havina haan san                          | and as rapistared apart to account service of process   | ss for the above stated corporation at the place designated in                               |
|  | am familiar with and accept the appointment as r  |  |
| x GT                                     | MY)   | 5/4/15   |
| _  | Required Signature/Registered Agent   | Date   |
| I submit this doc                        | ument and affirm that the facts stated herein ar<br>Department of State constitutes a third degree felo | e true. I am aware that the false information submitted in a provided for in s.817.155, F.S. |
| 8 /1 <del>4</del>                        | HK .  |  |
| ()V'                                     | red Signature/Incorporator  | Date   |