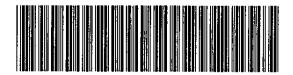
## P15000074163

(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:				

WIS WWS 5392

SEP 11 2015

T. SCOTT



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15 SEP -4 AM 10: 21



August 19, 2015

RECEIVED SEP 0 4 2015

RONALD MARTIN 1442 LACOSTA DRIVE EAST PEMBROKE PINES, FL 33027

SUBJECT: GP CONSULTANTS INC.

Ref. Number: W15000055392

We have received your document for GP CONSULTANTS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 015A00017469

## **COVER LETTER**

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

SUBJECT: GP	Consultants Inc.	GA Con	US <i>UMANUT (9K</i> ENAME- <u>MUSTINCL</u>	OUP, INC	
	(PROPOS	SED CORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an	original and one (1)	copy of the artic	eles of incorporation and	d a check for:	
S70.0 Filing Fe	,	of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Cop & Certificate Status OPY REQUIRED	
FROM:	Ronald Martin	Nama (	(Printed or typed)		
	1442 LaCosta Drive Ea		(Trinica or typea)		
	Address				
	Pembroke Pines. Florid	ia 33027			
-	City, State & Zip				
	954-436-2155			•	
		Daytime Te	lephone number		
	ronmartincpa@aol.com				

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	tion shall be: GP Consultants Inc.	GP Consuly	ANT GROVE, INC.	
ARTICLE II PRINC	CIPAL OFFICE Principal street address	,	Mailing address, if different is:	
Pembroke Pines, FL 33				
ARTICLE III PURPO The purpose for which t any other legal business	he corporation is organized is:	ovide consulting services	to the real estate industry and	
			15 SEF	
V-17-18-10			- 14 A	
ARTICLE IV SHARE The number of shares of				
ARTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTOR  Ronald Martin - President	RS Name and Title	Susan Martin - VP/Secretary	
Address	1442 Lacosta Drive East	Address:	1442 Lacosta Drive East	
	Pembroke Pines, Florida 33027		Pembroke Pines, Florida 33027	
Name and Title:		Name and Title	:	
Address		Address:	-	
Name and Title:				
Address				
Audiess		Audress:		

ivaine ai	nd Title:	
Addres	· · · · · ·	A .d.d
	<del> </del>	<del></del>
	REGISTERED AGENT Street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	Ronald Martin	
Address:	1442 Lacosta Drive East	<del></del>
<del></del>	Pembroke Pines, Florida 33027	<del></del>
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and a</u>	address of the Incorporator is:	
Name:	Ronald Martin	
Address:	1442 Lacosta Drive East	
	Pembroke Pines, Florida 33027	<del>_</del>
Effective date, if	EFFECTIVE DATE:  f other than the date of filing:	
(If an effective of days after the fi		not be more than five business days prior or 90 business
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as.
	med as registered agent to accept service of proces am fan <del>vili</del> ar with and accept the appointment as re	ess for the above stated corporation at the place designated egistered agent and agree to act in this capacity
	Kauld Menofi	8/10/15
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes or third degree felo	re true. I am aware that the false information submitted iony as provided for in s.817.155, F.S.
	/ Unlif / Men A	pholx
Røqu	ired Signature/incorporator	Date