

P15000074163

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(Business Entity Name)

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Special Instructions to Filing Officer:

Office Use Only

WISWWWSS392

SEP 11 2015

T. SCOTT



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08/12/15--01023--002 **78.75

15 SEP -4 AM 10:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2015

RECEIVED SEP 04 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.~~ *GP CONSULTANT GROUP, 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: Ronald Martin
Name (Printed or typed)
1442 LaCosta Drive East
Address
Pembroke Pines, Florida 33027
City, State & Zip
954-436-2155
Daytime Telephone number
ronmartincpa@aol.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:

~~GP Consultants Inc.~~

GP CONSULTANT GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1442 Lacosta Drive East

Pembroke Pines, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide consulting services to the real estate industry and
any other legal business activity.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald Martin - President

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: _____

Name and Title: _____

Address _____

Address: _____

15 SEP - 4 AM '02

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: Ronald Martin
Address: 1442 Lacosta Drive East
Pembroke Pines, Florida 33027

ARTICLE VII INCORPORATOR

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

Name: Ronald Martin
Address: 1442 Lacosta Drive East
Pembroke Pines, Florida 33027

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent
8/10/15
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.

Required Signature/Incorporator
8/10/15
Date