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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
:		



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Office Use Only

M15-80686

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COVER LÈTTER

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

SUBJECT:	SAL SUBMAY PROPOSED CORPORA	, INC.	
,	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	d 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 CO	
	EVGENE O. Nam	- (
	CONTON MENT		
	850 - 477 Daytime 1	- 1933 Celephone number	
	GENEON 1 P PLT E-mail address; (to be use	DEFC. COM	notification)

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



December 16, 2015

EUGENE O. NOBLES 10302 NIGHTWIND CIR. CANTONMENT, FL 32533

SUBJECT: GSN SUBWAY, INC. Ref. Number: W15000080686

We have received your document for GSN SUBWAY, 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):

We can not accept both Pre-printed forms and your created version of the articles of incorporation. Submit one (1) completed set of articles with the required signatures.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

Letter Number: 815A00026346

	ES OF INCORPORATION apter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: GSN S	DIRWAY, INC.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different-is:
3101 E. CERVANTES	10302 NIGHTWIND CLR
PENSACOLA, FL 3250	CANTONHENT, FL 325
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	THIS CORPORATION IS
	PURPOSE OF ENGAGING IN AN
ACTIVITY OR BUSINESS	PERMITTED UNDER THE
LAWS OF THE UNITE	TO STATES OF AMERICA AND TH
STATE OF FLORIDA.	
•	·
ARTICLE IV SHARES The number of shares of stock is: 1,000 SI-L ARTICLE V INITIAL OFFICERS AND/OR DIRE Name and Title: EUGENE MOBILE	ARES C \$10.00 PER SHARE ECTORS T-PRESIDENT Name and Title:
Address 10002 NIGHTW	NO CIR Address:
CANTON MOUT,	H. 52353
 	
Name and Title:	Name and Title:
Name and Title:Address	Address:
	The state of the s
Name and Title:	Name and Title:
Address	Address:

Name and	Fitle	1	Name and Tit	le:	
Address	·		Address:		
		•	-3		
	•	- '	· • •	<u> </u>	
					*
	GISTERED AGENT ida street address (P.O. Box	. x NOT acceptab	le) of the registered a	agent is:	
Name:	EUBENE NO	BUT		•	
Address:	3101 E. CER	VANTES	,	1 -	
	PETUSTICOIA, 1		<u> </u>	,	
•					
ARTICLE VII IN	CORPORATOR				<u> </u>
The name and add	ess of the Incorporator is:				030 030
Name:	SHARON N	0845			28 28
Address:	10302 NIGH		CIES		2
	CANTONME		_		173 m
	\	,		·	
Effective date, if otl	FFECTIVE DATE: ner than the date of filing: e is listed, the date must be g.)		2016.((lays prior or 90
	serted in this block does not ctive date on the Department			requirements, th	nis date will not be
Having been named this certificate, I am	as registered agent to accept familiar with and accept the	pt service of pro e appointment a	ocess for the above s s registered agent ar	tated corporations to a contract in the contra	on at the place de in this capacity
_ Curse	Required Signature/R	egistered Agent			12-5-7
		-		a .a e i	a information and
I submit this docun	tent and affirm that the fact	ts stated herein	are true. I am awa	re inai ine iais:	y iniormuuon sui.

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