

P160000037107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

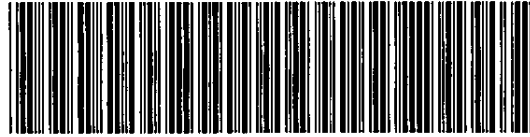
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

NOV 09 2015

T. SCOTT



700278512147

10/30/15--01027--011 \*\*78.75

15 OCT 30 AM 11:46

## COVER LETTER

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

**SUBJECT:** C.J. Gosselin Wholesale, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Christopher J. Gosselin  
Name (Printed or typed)

6470 Catalina St.  
Address

Spring Hill, FL 34606  
City, State & Zip

(813) 380-9174  
Daytime Telephone number

chrissarah.gosselin@gmail.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: C.J. Gosselin Wholesale, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6470 Catalina St.  
Spring Hill, FL 34606

Mailing address, if different is:  
6470 Catalina St.  
Spring Hill, FL 34606

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any lawful act or activity for which a for-profit  
corporation may be organized under the Corporation Statutory Laws of Florida, governed by the Florida Department of State,  
other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by  
said governing body i.e., the Florida Department of State. Accordingly, the corporation intends to buy and sell wholesale  
foods and paper goods to restaurants, churches, lodges, and others with the goal of delivering the aforementioned products  
in a timely manner.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christopher John Gosselin, President  
Address: 6470 Catalina St.  
Spring Hill, FL 34606

Name and Title: Sarah Sue Gosselin, Secretary  
Address: 6470 Catalina St.  
Spring Hill, FL 34606

Name and Title: Christopher John Gosselin, Treasurer  
Address: 6470 Catalina St.  
Spring Hill, FL 34606

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

15 OCT 30 AM 11 46

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: Christopher John Gosselin

Address: 6470 Catalina St.

Spring Hill, FL 34606

**ARTICLE VII INCORPORATOR**

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

Name: Christopher John Gosselin

Address: 6470 Catalina St.

Spring Hill, FL 34606

**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*

Christopher John Gosselin  
Required Signature/Registered Agent

10-26-15  
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.*

Christopher John Gosselin  
Required Signature/Incorporator

10-26-15  
Date