Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

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Enter the email address for this business entity to be used for fittire annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

General Plexus, Inc.

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Corporate Filing Menu

Help

6/7/2016

COVER LETTER

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

SUBJECT:	JECT: General Plexus, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
GODGECT:					
Enclosed are an or	ginal and one (1) copy of the art	icles of incorporation and	d a check for:		
≥ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	ichard Brainerd Name 00 Maple Ave., Stc. 1700	e (Printed or typed)			
Address					
Da	illas, TX 75219-3941				
	City,	State & Zip			
. 21	4-252-4262				
_	Daytime T	elephone number			
da	gmar@ha.com				
	E-mail address: /to be use	d for future annual report	notification)		

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

FILED

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

16 JUN -7 AH 10: 31

RTICLE I NAM he name of the corpo	<u>E</u> ration shall be;	General Plexus, Inc.	TALLAHASSEE FLOR
RTICLE II PRI			Mailing address, if different is:
777 South Flagler Dr	., Ste. 800 W		
West Palm Beach, Fl			
RTICLE III PUR	POSE h the corporation is organized is:		
Sale and distribution	of personal property		
			and the second s
RTICLE IV SHA	RES 100,000		
RTICLE IV SHA	<i>RES</i> 100,000 of stock is:		
he number of shares RTICLE V INIT	of stock is: VAL OFFICERS AND/OR DIRECT	<u>vrs</u>	James L. Halperin, Director
RETICLE V INII Name and T	VAL OFFICERS AND/OR DIRECT tie: 3500 Manks Avenue.	VRS Name and Title	James L. Halperin, Director
he number of shares RTICLE V INIT	VAL OFFICERS AND/OR DIRECT tie: 3500 Manks Avenue.	<u>vrs</u>	·
RETICLE V INII Name and T	VAL OFFICERS AND/OR DIRECT tile: 3500 Maple Avenue	VRS Name and Title	3500 Maple Avenue
RETICLE V INII Name and T Address	tie: R. Steven Ivy, Director 3500 Maple Avenue Ste. 1700 Dallas, TX 75219-3941	ORS Name and Title Address:	3500 Maple Avenue Ste. 1700 Dallas, TX 75219-3941
RETICLE V INII Name and T Address	tie: R. Steven Ivy, Director 3500 Maple Avenue Ste. 1700 Dallas, TX 75219-3941	ORS Name and Title Address: Name and Title	3500 Maple Avenue Ste. 1700 Dallas, TX 75219-3941
RTICLE V INII Name and T Address Name and Tie	tie: R. Steven Ivy, Director 3500 Maple Avenue Ste. 1700 Dallas, TX 75219-3941	ORS Name and Title Address: Name and Title	3500 Maple Avenue Ste. 1700 Dallas, TX 75219-3941
Name and The Address	of stock is: IAL OFFICERS AND/OR DIRECT Itelen	Name and Title Address: Name and Title Address: Address:	3500 Maple Avenue Ste. 1700 Dullas, TX 75219-3941
Name and The Address	of stock is: IAL OFFICERS AND/OR DIRECT Itelen	Name and Title Address: Name and Title Address: Name and Title Address:	3500 Maple Avenue Ste. 1700

FILED

16 JUN -7 AM 10: 32

Name	and Title:	Name and Title:	SECRETARY OF STATE TALLAHASSEE FLORIDA
Addre		Address:	
		<u> </u>	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	le) of the registered agent is	:
Name:	C T Corporation System		
Address:	1200 South Pine Island Road		
	Plantation, FL 33324.		
<u>ARTICLE VII</u>	INCORPORATOR		
The <u>name and</u>	address of the Incorporator is:		
Name:	Richard Brainerd	<u></u>	
	3500 Maple Ave. Ste. 1700		
	Dallas, TX 75219-3941		
ARTICLE VIII	I EFFECTIVE DATE:		
	if other than the date of filing:	nnot be more than five be	
	te inserted in this block does not meet the applicate inserted and the Department of State's record		ments, this date will not be listed as
Having been n this certificate, -	amed as registered agent to accept service of pro I am familiar with and accept the appointment as C T Corporator System	cess for the above stated c s registered agent and agre	orporation at the place designated in the to act in this capacity
y: <i>Q</i>	leent inter		6/06/2016
Mark Holkiwa	Required Signature/Registered Agent		Date
l submit this d	ocument and affirm that the fucts stated herein o Department of State constitutes a thirt defice f	are true. I am aware that elony as provided for in s.8	the false information submitted in a
M	WKBrain (6/06/2016
Rea	uired Signature/Incorporator		Date