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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
GSS 02, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

16 JUN 21 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2016 JUN 21 AM 11:55

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Corporate Filing Menu

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JUN 22 2016

T. BROWN

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

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2016 JUN 21 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: GSS 02, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address
676 E COUNTY ROAD
DRUMS, PA 18222

Mailing address, if different is:
676 E COUNTY ROAD
DRUMS, PA 18222

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>HARDEV S. GILL/PRESIDENT</u>	Name and Title:	_____
Address	<u>676 E COUNTY ROAD</u>	Address:	_____
	<u>DRUMS, PA 18222</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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: HARDEV S. GILL
Address: 438 TAMiami TRAIL SOUTH
OSPREY, FL 34229

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: HARDEV S. GILL
Address: 676 E COUNTY ROAD
DRUMS, PA 18222

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

(+) [Signature]
Required Signature/Registered Agent

6/21/16
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.

(+) [Signature]
Required Signature/Incorporator

6/21/16
Date