

P16000052956

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000151266 3)))



H160001512663ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: _____

RECEIVED

16 JUN 21 PM 3:55

TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
GSS 04, INC

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

TALLAHASSEE, FLORIDA

16 JUN 21 PM 1:11

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 22 2016

S. GILBERT

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

LED
16 JUN 21 PM 1:11

ARTICLE I NAME

The name of the corporation shall be: GSS 04, INC

ALLIANCE STATE
TALLAHASSEE, FLORIDA

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: HARDEV S. GILL/PRESIDENT

Address: 676 E COUNTY ROAD

DRUMS, PA 18222

Name and Title: _____

Address: _____

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

(4) 
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.

(4) 
Required Signature/Incorporator

6/21/16
Date