

916000062983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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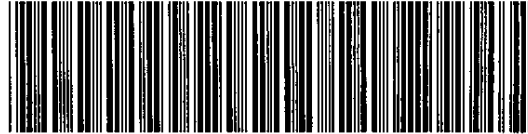
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/22/16--01018--001 **78.75

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16 JUL 22 PM 4:00
RECEIVED
JUL 22 2016

COVER LETTER

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

SUBJECT: GPS Notary, 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: KIM E. SIKES

Name (Printed or typed)

74 JACKSON AVENUE

Address

VALPARAISO

City, State & Zip

925-270-6414

Daytime Telephone number

KIMSIKES@GPSNOTARY.ORG

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

GPS NOTARY, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

74 JACKSON AVENUE

PO BOX 213

VALPARAISO, FL 32580

VALPARAISO, FL 32580

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

PROVIDE MOBILE NOTARY SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIM ELIZABETH SIKES, OWNER

Name and Title: _____

Address

PO BOX 213

Address: _____

VALPARAISO, FL

32580

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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NOTARY PUBLIC
STATE OF FLORIDA

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: KIM ELIZABETH SIKES
Address: 74 JACKSON AVENUE
VALPARAISO, FL 32580

ARTICLE VII INCORPORATOR

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

Name: KIM ELIZABETH SIKES
Address: 74 JACKSON AVENUE
VALPARAISO, FL 32580

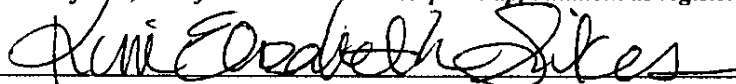
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/19/2016 (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


Required Signature/Registered Agent 7/19/2016
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.


Required Signature/Incorporator 7/19/2016
Date