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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

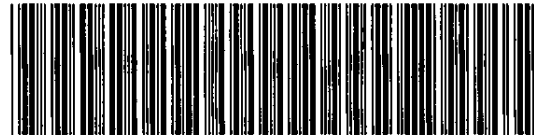
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SARAH J. HAYES
TALLAHASSEE, FLORIDA

D O'KEEFE
JAN 12 2017

COVER LETTER

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

SUBJECT: G.M. TRIM 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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Glenn McClinton
Name (Printed or typed)

683 Plum Grove Rd
Address

Melbourne FL, 32901
City, State & Zip

321 537 5771
Daytime Telephone number

ORRISONL@AOL.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: G.M. TRIM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
683 Plum Grove Rd
Melbourne FL 32901

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Trim Carpenter

ARTICLE IV SHARES

The number of shares of stock is: 1 (ONE)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Glenn McClinton Name and Title: President

Address: 683 Plum Grove Rd Address: Melbourne FL 32901
tel - 321-537-5971

Name and Title: Letitia ORRISON Name and Title: Thursare

Address: 683 Plum Grove Rd Address: Melbourne FL 32901

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, 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: Glenn McClinton
 Address: 683 Plum Grove Rd
Melb, FL 32901

ARTICLE VII INCORPORATOR

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

Name: Same
 Address: _____

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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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 days prior or 90 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

Glenn McClinton Required Signature/Registered Agent 1-5-2017 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.

Glenn McClinton Required Signature/Incorporator 1-5-2017 Date

GLENN MCCLINTON

tel. # 321-537-5771