

P17000013747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

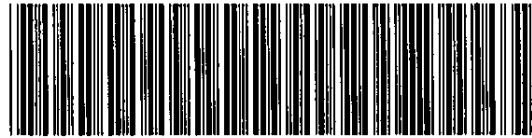
(Business Entity Name)

(Document Number)

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17 FEB 13 PM 4:00  
STATE OF FLORIDA  
TALLAHASSEE

m. 2/14/17

## COVER LETTER

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

SUBJECT: Gulf Pointe Solutions, 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: Jennifer A. Rabbito  
Name (Printed or typed)

23444 Sanabria Loop  
Address

Bonita Springs, FL 34135  
City, State & Zip

516-503-3303  
Daytime Telephone number

Jennifer@Gulf-pointe.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2017

JENNIFER A. RABBITO  
23444 SANABRIA LOOP  
BONITA SPRINGS, FL 34135

SUBJECT: GULF POINTE SOLUTIONS, INC.  
Ref. Number: W17000008463

We have received your document for GULF POINTE SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Your letter releasing the name has to be signed. ~~at Red~~

*Signed to agent fixed*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 417A00001847

To Whom It May Concern,

We have no intention of reinstating the old company name of **Gulf Pointe Solutions Inc.** with the old document # P15000005270. We want to release the name to be used with a new filing. Please let us know if you need anything else.

Thank You,

Anthony Rabbito

631-872-9285

Anthony.rabbito@gmail.com

A handwritten signature in black ink, appearing to be 'Anthony Rabbito', with a long horizontal flourish extending to the right.

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: Gulf Pointe Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

23444 Sanabria Loop

Bonita Springs, FL 34135

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: consulting, network, but  
not limited to.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1500 shares at NO par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anthony J. Rabbito  
President/Director

Address: 23444 Sanabria Loop  
Bonita Springs, FL 34135

Name and Title: Jennifer A. Rabbito  
Vice President/Director

Address: 23444 Sanabria Loop  
Bonita Springs, FL 34135

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: Mario Accumanno  
Address: 107 Royal Park Drive Apt. 36  
Oakland Park, FL 33309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anthony & Jennifer Rabbito  
Address: 23414 Sanabria Loop  
Bonita Springs, FL 34135

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TALLAHASSEE FLORIDA

**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*

[Signature]  
Required Signature/Registered Agent

2/8/17  
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

2/8/17  
Date