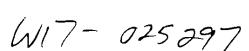
P17000037383

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





300297827913

04/14/17--01011--028 **35.00

04/26/17--01002--004 **35.00

SPECIAL CONTRACTOR SERVICES

62 H PH 2:54

SECRETARY SI

AH 8: 50
FLORIDA

- 04/26/17



April 14, 2017

TERENCE N. THURSTON 8672 PHILLIPS HWY. JACKSONVILLE, FL 32253 *** 2ND CORRECTION ***

Letter Number: 817A00005656

SUBJECT: T.J GATES DIVERSIFIED INC.

Ref. Number: W17000025297

We have received your document for T.J GATES DIVERSIFIED INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

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

Thomas Chang Regulatory Specialist II New Filing Section

www.sunbiz.org

Division of Comparations D.O. DOV 6297 Tollahosson Florida 2921



March 24, 2017

TERENCE N. THURSTON 8672 PHILLIPS HWY. JACKSONVILLE, FL 32253

SUBJECT: T.J GATES DIVERSIFIED INC.

Ref. Number: W17000025297

We have received your document for T.J GATES DIVERSIFIED INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees: \$35.00
Registered Agent
Designation \$35.00
Certified Copy \$8.75
Certificate of Status \$8.75

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

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 817A00005656

Terence N. Thurson Inc. **Full Service Accounting Firm** 8672 Phillips Highway Jacksonville, Florida 32253

Bay meadows Location: 9838 Old Bay meadows Road Suite 382 Jacksonville, Florida 32256

Tele 904-764-7717 Fax 904-652-0365 email tntrlt1@bellsouth.net Web thursonaccounting.com

January 20, 2017

To whom it may Concern:

NO

Reference: P15000097108 T J Gates Diversified Inc. **4911 Boat Landing Drive** St Augustine, FL 32092 Janice Gates Title DP 4911 Boat Landing Drive St Augustine, FL 32092 Talf Gate Title DST **4911 Boat Landing Drive** St Augustine, FL 32092

The above reference Individuals are the owner of both corporations And has plans on reinstating the old corporation. They would like To start a new corporation but with the same name.

Janice Gates Attle DP

Talf Gates Title DST

OANIEL OKREFE

COVER LETTER

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

SUBJECT:	T. J. GAIRS DI	VERSIFIED IN	ع بـ 	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation and	d 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:	_	e (Printed or typed) ND ING DR Address		
NAMES OF THE PERSON NAMES	S/ AVGUS/IINE F	3209 State & Zip	2	
	(954) 829- Daytime T	-4376 Telephone number		
	E-mail address: (to be use	Yollow, con d 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)

The name of the corporation sha	ıll be: <u> </u>	GARS	DIV BR SIFI	Ed INL
ARTICLE II PRINCIPAL Princip 4911 BODA	OFFICE pal street address Landing DR	_	Mailing addre	ess, if different is:
S/ AUGUSTINE	A 32092			/L 3209L
ARTICLE III PURPOSE The purpose for which the corp	ooration is organized is: _	_ 'Any 6	LAW FOR	- Billines
				TALLET A
				APR 25
ARTICLE IV SHARES The number of shares of stock i	s:1000000	-		AH 8: 50 EFFLORIDA
<u>ARTICLE V INITIAL OF I</u>			oo ood Title:	
Address	4911 BOOK LANDING	PR Add		
	1. AUGUSTINE PC	- 32012		
	•			
Address <u>\$\langle</u>	AUGUILINE PC	32092		
Name and Title:		Nan	ne and Title:	
Address		Add	dress:	•

Name and Title	e:	Name and Title:	
Address		_ Address:	
		-	
	<u>STERED AGENT</u> street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	GALES LALF L	The registered agent is.	
Address:	4911 BOAT LANding De	-	
	S/ AVGUSTINE, FL 3209	<u> </u>	17 SEI
ADTICLE VII INCC	ADDAD (TAD		APR RETA
ARTICLE VII INCO			ART ART
The name and address	of the Incorporator is:		3 € 8
Name: _	/ FRANC N / HUHSW	-	- S - 8:
Address:	8672 Pldillig. Hay	-	50 300 800 800 800 800 800 800 800 800 80
	Jackbonnille, PL 32451	-	
ARTICLE VIII EFF	ECTIVE DATE:		
Effective date, if other	than the date of filing: 1/14/23-	(OPTIONAL)	
(If an effective date is filing.)	listed, the date must be specific and canno	t be more than five days pri	or or 90 days after the
	ted in this block does not meet the applicable	statutory filing requirements,	this date will not be listed as
the document's effective	re date on the Department of State's records.		
Having been named as	registered agent to accept service of process	for the above stated corpora	tion at the place designated in
inis ternyituie, Pam Jan	many wan and accept the appointment as reg	anerea ageni ann agree io ac	2 /12 /15
X My	Required Signature/Registered Agent		Date
	t and affirm that the facts stated herein are		
document to the Depar	tment of state constitutes a third degree felon	y as provided for in s.817.155	, F.S.
1 -	16		1/19/100
Required Si	grature/Incorporator		Date