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Florida Department of State
Division of Corporations
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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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
GSS NY INC

Certificate of Status	
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

17 MAY 11 PM 4:36

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

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TALLAHASSEE, FLORIDA
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May 11, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG

SUBJECT: GSS INC
REF: W17000040578

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

P15000024501-G.S.S. INC,

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000128354
Letter Number: 217A00009449

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: GSS NY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3850 Benson Park Blvd

3850 Benson Park Blvd

Orlando, FL 32829

Orlando, FL 32829

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Non - Medical Transport

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Temitayo Obadina - Director

Name and Title: _____

Address 3850 Benson Park Blvd

Address: _____

Orlando, FL 32829

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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:	Temitayo Obadina
Address	3850 Benson Park Blvd
	Orlando, FL 32829

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is.

Name.	Temitayo Obadina
Address	3850 Benson Park Blvd
	Orlando, FL 32829

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

<u>Temitayo Obadina</u>	05/08/2017
Required Signature/Registered Agent	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.

<u>Temitayo Obadina</u>	05/08/2017
Required Signature/Incorporator	Date

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