

P/7000045403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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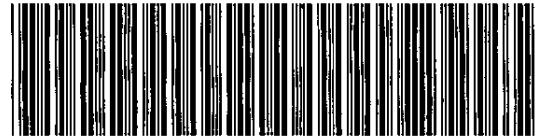
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/22/17--01031--003 \*\*70.00

FILED  
17 MAY 22 PM 12:20  
CLERK OF STATE  
PALM BEACH COUNTY, FLORIDA

EFFECTIVE DATE 05/25/17

05/23/17

## COVER LETTER

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

**SUBJECT:** GULFSTREAM PROFESSIONAL HOME SERVICES 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** EDWARD THREADGILL  
Name (Printed or typed)

5112 SHARON TERRACE  
Address

JACKSONVILLE FL 32207  
City, State & Zip

(904)303-8972  
Daytime Telephone number

EDTHREADGILL@ICLOUD.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: GULFSTREAM PROFESSIONAL HOME SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5112 SHARON TERRACE

JACKSONVILLE FL 32207

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: HANDYMAN SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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

Name and Title: EDWARD THREADGILL, PRESIDENT Name and Title: \_\_\_\_\_

Address 5112 SHARON TERRACE Address: \_\_\_\_\_

JACKSONVILLE FL 32207 \_\_\_\_\_

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: EDWARD THREADGILL

Address: 5112 SHARON TERRACE

JACKSONVILLE FL 32207

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17 MAY 22 PM 12:20  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: EDWARD THREADGILL

Address: 5112 SHARON TERRACE

JACKSONVILLE FL 32207

**ARTICLE VIII EFFECTIVE DATE:** 05/25/2017

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.)

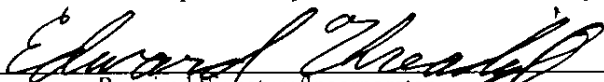
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

5-17-17  
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.*

  
Required Signature/Incorporator

5-17-17  
Date