

P11000098727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

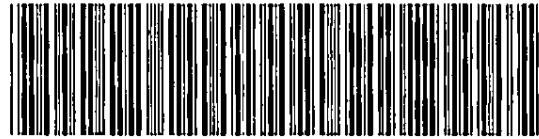
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200305912572

11/28/17--01022--003 **70.00

17 DEC 14 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

DEC 14 2017

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: GODPARENT INDUSTRIES, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: THE LAW OFFICE OF TONI GENTRY, ESQ., CPA
Name (Printed or typed)

745 SE PORT ST LUCIE BLVD
Address

PORT ST LUCIE, FL 34984
City, State & Zip

772-877-8008
Daytime Telephone number

TGENTRY@TONILAWCPA.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

November 29, 2017

THE LAW OFFICE OF TONI GENTRY, ESQ., CPA
745 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE, FL 34984

SUBJECT: GSM ENTERPRISES, INC.
Ref. Number: W17000094463

We have received your document for GSM ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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: 017A00024027

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

GODPARENT INDUSTRIES, INC.

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8280 Business Park Drive

Port St Lucie, FL 34952

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

TO ASSIST AND SUPPORT GOOD SAMARITAN MINISTRIES, INC. IN ITS MISSION TO PROVIDE QUALITY SERVICES TO INDIVIDUALS AND FAMILIES IN CRISIS. THIS FOR PROFIT CORPORATION WILL MAKE SIGNIFICANT MONETARY DONATIONS TO GOOD SAMARITAN MINISTRIES, INC. AND PROVIDE MAINTENANCE, USE OF EQUIPMENT AND OTHER SUPPORT OF THE LIVING QUARTERS AND OTHER COMMON AREAS USED, RENTED OR OWNED BY THE NON-PROFIT GOOD SAMARITAN MINISTRIES.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

ARTICLE IV SHARES

1000 SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title:	VITO BITETTO, PRESIDENT	Name and Title:	CHARLENE CRISTINA, SEC/TRE
Address	1484 SE VILLAGE GREEN DRIVE	Address:	1842 SE FLORESTA DRIVE
	PORT ST LUCIE, FL 34952		PORT ST LUCIE, FL 34983
	_____		_____
Name and Title:	Patrick Pintal, Vice President	Name and Title:	_____
Address	141 SE Celestia Court	Address:	_____
	Port St Lucie, FL 34983		_____
	_____		_____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Name: SARA O'LEARY

Address: 770 CYPRESS STREET

PORT ST LUCIE, FL 34952

If applicable, BENEFIT OFFICER:

Name: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LAW OFFICE OF TONI GENTRY, ESQ

Address: 745 SE PORT ST LUCIE BLVD

PORT ST LUCIE, FL 34984

17 DEC 14 PM 2:46
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VITO BITETTO

Address: 1484 SE VILLAGE GREEN DRIVE

PORT ST LUCIE, FL 34952

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

12/12/17

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

12/12/17

Date