

P/7 000 100 632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

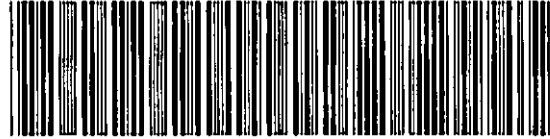
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DEC 22 2017

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COVER LETTER

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

SUBJECT: GARY D. TRAPP ACCOUNTING SERVICE, 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: GARY D TRAPP
Name (Printed or typed)

311 MAGELLAN DR
Address

SARASOTA FL 34243
City, State & Zip

(941) 739-6066
Daytime Telephone number

TENISOUE@AOL.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: GARY TRAPP ACCOUNTING SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

311 MAGELLAN DR

SARASOTA, FL. 34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN BOOKKEEPING AND ACCOUNTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GARY D TRAPP PRESIDENT

Name and Title: _____

Address 311 MAGELLAN DR

Address: _____

SARASOTA FL 34243

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
SARASOTA COUNTY, 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: GARY D TRAPP

Address: 311 MAGELLAN DR

SARASOTA FL 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GARY D TRAPP

Address: 311 MAGELLAN DR

SARASOTA FL 34243

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MILWAUKEE STATE
1106AID

ARTICLE VIII EFFECTIVE DATE: JANUARY 1, 2018

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

Gary D. Trapp
Required Signature/Registered Agent

12.19.17
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.

Gary D. Trapp
Required Signature/Incorporator

12.19.17
Date