

P18 000 020 732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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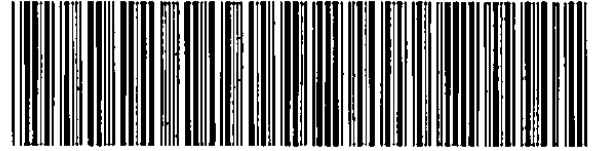
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAR - 1 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 06 2018

COVER LETTER

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

SUBJECT: GasLab, 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
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: Irene Hicks

Name (Printed or typed)

2588 John Anderson Dr

Address

Ormond Beach, FL 32176

City, State & Zip

734-320-7573

Daytime Telephone number

Irene.Hicks.us@gmail.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: GasLab, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2588 John Anderson Dr
Ormond Beach, FL 32176

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Irene Hicks, Shareholder

Name and Title:

Address 2588 John Anderson Dr

Address:

Ormond Beach, FL 32176

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: Irene Hicks
Address: 2588 John Anderson Dr
Ormond Beach, FL 32176

ARTICLE VII INCORPORATOR

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

Name: Irene Hicks
Address: 2588 John Anderson Dr
Ormond Beach, FL 32176

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TALLAHASSEE, FLORIDA

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

Required Signature/Registered Agent

2/13/2018

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

2/13/2018

Date