

P19000053906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

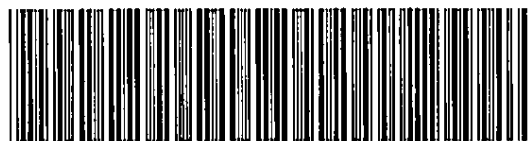
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 11 2019



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On 27/11/2019 at 10:00 AM

19 JUN 27 AM 9:08

COVER LETTER

19 JUN 27 AM 9 08

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

SUBJECT: GCBP Mgmt 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

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

ADDITIONAL COPY REQUIRED

FROM: Kathleen Diedrich  
Name (Printed or typed)  
1250 Barclay Blvd  
Address  
Buffalo Grove, IL 60089  
City, State & Zip  
(877) 894-0073  
Daytime Telephone number  
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: GCBP Mgmt Services, Inc.

19 JUN 27 AM 9 05

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3350 McLemore Dr.

Pensacola, FL 32514

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to act as a management company

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Raymond P. Mayer, Director

Name and Title: \_\_\_\_\_

Address 3350 McLemore Dr.

Address: \_\_\_\_\_

Pensacola, FL 32514

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

REVISED 06/27/05

Name and Title: _____	Name and Title: <u>19 JUN 27 AM 9 05</u>
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Raymond P. Mayer

Address: 3350 McLemore Dr.

Pensacola, FL 32514

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Raymond P. Mayer

Address: 3350 McLemore Dr.

Pensacola, FL 32514

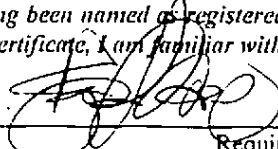
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

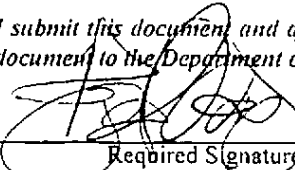
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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	<u>6/20/2019</u> _____ Date
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*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	<u>6/20/2019</u> _____ Date
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