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SEP 20 2019

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2019 SEP 16 PM 12:39  
SEP 16 2019

## COVER LETTER

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

**SUBJECT:** GSD Enterprise Architecture Solutions, 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 Dykhouse  
\_\_\_\_\_  
Name (Printed or typed)

16802 Royal Palm Drive  
\_\_\_\_\_  
Address

Groveland, FL 34736  
\_\_\_\_\_  
City, State & Zip

352-557-4746  
\_\_\_\_\_  
Daytime Telephone number

garyd01@ymail.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: GSD Enterprise Architecture Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16802 Royal Palm Drive , Groveland, FL 34736

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Cybersecurity architecture engineering, consultation and support services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Gary Dykhous, President

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

Address 16802 Royal Palm Drive

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

Groveland, FL 34736

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2018 SEP 16 PM 12:39  
GSD

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 Dykhous  
\_\_\_\_\_  
Address: 16802 Royal Palm Drive  
\_\_\_\_\_  
Groveland, FL 34736  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gary Dykhous  
\_\_\_\_\_  
Address: 16802 Royal Palm Drive  
\_\_\_\_\_  
Groveland, FL 34736  
\_\_\_\_\_

**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*

Gary Dykhous  
\_\_\_\_\_  
Required Signature/Registered Agent

09-11-2019  
\_\_\_\_\_  
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 Dykhous  
\_\_\_\_\_  
Required Signature/Incorporator

09-11-2019  
\_\_\_\_\_  
Date