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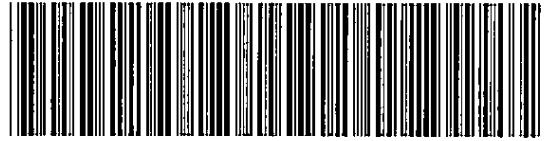
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2019 SEP 25 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

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

**SUBJECT:** GGE 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 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:** Sandra P. Travers  
Name (Printed or typed)

15050 NE 49th LN  
Address

Williston, FL 32696  
City, State & Zip

509-714-6500  
Daytime Telephone number

sandra21pa@yahoo.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: GGE Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 15050 NE 49th LN  
Williston, FL 32696  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
To conduct any and all business as allowed in the State of Florida

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**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title:	<u>Sandra P. Travers President Director</u>	Name and Title:	<u>Patrick R. Travers STD</u>
Address	<u>15050 NE 49th LN</u> <u>Williston, FL 32696</u>	Address:	<u>15050 NE 49th LN</u> <u>Williston, FL 32696</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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: Sandra P. Travers  
\_\_\_\_\_  
Address: 15050 NE 49th LN  
\_\_\_\_\_  
Williston, FL 32696  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Sandra P. Travers  
\_\_\_\_\_  
Address: 15050 NE 49th LN  
\_\_\_\_\_  
Williston, FL 32696  
\_\_\_\_\_

**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*

*Sandra Travers*  
\_\_\_\_\_  
Required Signature/Registered Agent

*09/23/19*  
\_\_\_\_\_  
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.*

*Sandra Travers*  
\_\_\_\_\_  
Required Signature/Incorporator

*09/23/19*  
\_\_\_\_\_  
Date