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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE FALLAHASSEE, FLURIDA

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CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN			
	PICK UP: 1 Glinda			
	XX	CERTIFIED COPY		
		РНОТОСОРУ		
		CUS		
	хх	FILING	ARTICLES	
1.	. Gregory George Gay, P.A. (CORPORATE NAME AND DOCUMENT #)			
2.	-	(CORPORATE NAME AND DOCUM	ENT #)	
3.	-	(CORPORATE NAME AND DOCUMI	ENT#)	
4.	-	(CORPORATE NAME AND DOCUME	ENT#)	
5.	-	(CORPORATE NAME AND DOCUME	ENT#)	
6.	-	(CORPORATE NAME AND DOCUMI	ENT #)	
	ECIAI STRUG	CTIONS:		

COVER LETTER

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

SUBJECT:	GREGORY GEORGE GAY, P.A.				
	(PROPOSED CORPOR.	ATE NAMÉ - <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	Gregory G. Gay, E. Name	squire (Printed or typed)			
	7299 Winter Stree	t			
	Address				
	Brooksville, FL 34613				
	City. State & Zip				
_ -	352/684-9170				
	Daytime Telephone number				
	gregg@willtrust.com				
	E-mail address: (to be used	for future annual report no	otification)		

NOTE: Please provide the original and one copy of the articles.



BOARD CERTIFIED WILLS, TRUSTS AND ESTATES BOARD CERTIFIED ELDER LAW

PHYSICAL ADDRESS: 7299 WINTER STREET BROOKSVILLE, FL. 34613

Mailing Address: P. O. Box 10540 Brooksville, FL 34603

E-MAIL ADDRESS: gregg@willtrust.com Telephone: (352) 684-9170 Facsimile: (352) 597-7999

January 2, 2020

Corporate Records Bureau Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32301

RE: Gregory George Gay, P.A.

Dear Sir or Madam:

This letter will confirm that the officers and directors of The Nature Coast Law Offices of Gregory G. Gay, P.A. have no objection to the filing of these new Articles of Incorporation and do not believe the name to be deceptively similar pursuant to Florida Statute 607.0401

Please call me if you have any questions.

Thank you for your attention to this matter. I am

Yours truly,

Gregory G. Gay, President

GGG/dsv

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corp	oration shall be: GREGORY GEORGE	GAY, P.A.	
ARTICLEII PR 7299 Winter	INCIPAL OFFICE Principal <u>street</u> address Street		ddress, if different is:
Brooksville	e, FL 34613	Brooksville,	FL 34603
ARTICLE III PUL	RPOSE The ch the corporation is organized is:	sole and specifi	c purpose for
rendering	the corporate profession	nal services is	for the
practice	of law.		
			2020 SEC
			AREA AR
			SS 4 0 1
ARTICLE IV SHA			AN IO. 45
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTORS		
Name and T	itle: Gregory G. Gay, Pres.	Name and Title: Grego	ry G. Gay, Sec
Address	_7299_Winter_Street	Address: 7299 V	Winter Street
	-Brooksville, FL 34613	Brooks	sville, FL 34613
Name and Ti	de Gregory G. Gay, Treas.	Name and Title:	
Address	7299 Winter Street'	Address:	
	Brooksville, FL 34613		
Name and Tit	ile:	_ Name and Title:	
Address		4 3 4	
		_	

Name and Title:		Name and Title:		
Address		Address:		
		-		
	<u>REGISTERED AGENT</u> <u>Clorida street address</u> (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Gregory G. Gay	•		
Address:	7299 Winter Street	_		
	Brooksville, FL 34613			
ARTICLE VII	<u>INCORPORATOR</u>			
The <u>name and a</u>	ddress of the Incorporator is:			
Name:	Gregory G. Gay	_		
Address:	7299 Winter Street	_		
	Brooksville, FL 34613	_		
Effective date, if	EFFECTIVE DATE: other than the date of filing: date is listed, the date must be specific and cannot	(OPTIONAL) ot be more than five days prior or 90 days after the		
Note: If the date the document's e	inserted in this block does not meet the applicable ffective date on the Department of State's records	e statutory filing requirements, this date will not be listed as		
Having been nam certificate, I am f	ned as registered agent to accept service of process amiliar with and accept the appointment as registe	for the above stated corporation at the place designated in this red agent and agree to act in this capacity		
		1/2/2020		
-	Required Signature/Registered Agent	Date		
I submit this doc	ument and affirm that the facts stated herein are	true. I am aware that the false information submitted in a		
document to the L	Department of State constitutes a third degree felor	y as provided for in s.817.155, F.S.		
		1/2/2020		
Required Signatu	re/Incorporator	Date 1/2/2020		

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