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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

GB Communications Strategies, Inc.
~~GB Communications, Inc.~~

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Resubmitting following Rejection
Please use original file date

J. FASON

FEB 05 2021

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: GB Communications Strategies, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

9419 Greenleigh Ct., Naples, Fla.
34120**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Public relations, marketing,
internal and external communications.
for B2B companies**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Greg Brooke, President Name and Title: _____Address 9419 Greenleigh Ct. Address: _____
Naples, Fla, 34120

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address _____

2021 JUN 29 11:54:48

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATOR

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

Name: Breya Brooke
Address: 9419 Greenleigh Ct.
Naples, Fla., 34120

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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

By: Kitty Vicars Assistant Secretary
Required Signature/Registered Agent

1/28/2021

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.

Breya Brooke
Required Signature/Incorporator

1/28/21
Date