

P21000076995

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000321646 3)))



H210003216463ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 07535000353
Phone : (800)221-2972
Fax Number : (917)243-5843

****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
G Tobin Holdings Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: G Tobin Holdings Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

14717 Wildflower Lane14717 Wildflower LaneDelray FL 33446Delray FL 33446**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Investment HoldingsTo engage in any lawful act or activity for which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 200 NPV**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Gerard Tobin, President

Name and Title: _____

Address 14717 Wildflower Lane

Address: _____

Delray FL 33446

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

21 JUN 27 PM 12:43
 AUTHORIZED
 1111

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: GERARD TOBIN _____

Address: 14717 WILDFLOWER LANE _____

DELRAY FL 33446 _____

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GERARD TOBIN _____

Address: 14717 WILDFLOWER LANE _____

DELRAY FL 33446 _____

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 business days prior or 90 business 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*x Gerard Tobin
Required Signature/Registered Agent8/27/01
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.*x Gerard Tobin
Required Signature/Incorporator8/27/01
Date