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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

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

ARTICLE III PURPOSE The purpose for which the corp The purpose for which the corp The number of shares of stock is THE TICLE IV INITIAL OFF Name and Title: Cy Address 120	DFFICE al <u>street</u> address				
TREALE IV SHARES The number of shares of stock is RETICLE IV INITIAL OFF Name and Title: Cy Address 120			Mailing address, if different is:		
The purpose for which the corp The purpose for which the corp is the corp in the corp	203 Alfred Lane, Mullica Hill, NJ 08062		SAME		
Name and Title: Cy Address 120	oration is organized is: Profes	sional line pain	nting and pavement maintenance		
Name and Title: Cy Address 120			2022		
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Address 120	ICERS AND/OR DIRECTORS				
	2 Alfrad Laus	Name and Title: Address:	President and Director		
Name and Title: Ron Address 120	R Alfred Lane	Name and Title: Address:	Secretary/Treasurer/Director		
	llica Hill, NJ 08062	<u> </u>			

Name and	l Title:	Name and Title:	
Address		Address:	
ARTICLE VI B	REGISTERED AGENT		
Name:	orida street address (P.O. Box NOT acceptable) of GSF Group LLC	the registered agent is:	
Address:	433 Plaza Real, Suite 351		
	Boca Raton, FL 33432		
ARTICLE VII	NCORPORATOR	SE C.	202 JUN -7
The name and ad-	dress of the Incorporator is:	P.	Ē
Name:	Deborah Rappaport	HAD HAD	<u></u>
Address:	1684 S. Broad Street, Suite 130	86 C	PX
	Lansdale, PA 19446	TALLAHASSEE, FL	3: 2 7
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if of (If an effective dafiling.)	other than the date of filing:		after
Note: If the date:	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this date will	not be
Having been name certificate, I am fa	ed as registered agent to accept service of process formilial with and accept the appointment as register.	r the above stated corporation at the place d ed agent and agree to act in this capacity	esigna
	Y/X	6/7/202	22
	Required Signature/Registered Agent G	en Ferguson, Agent D	ate
I submit this docu document to the D	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felony	true. I am aware that the false information as provided for in s.817.155, F.S.	subn