

P23000038755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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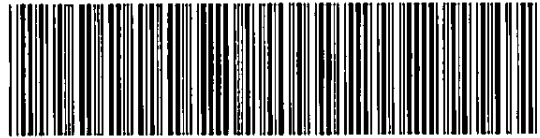
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAY -1 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Gulf Coast Notary Seal, 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: Teri R. Love
Name (Printed or typed)
2823 Cynthia Ct.
Address
Panama City, FL 32405
City, State & Zip
850-775-9898
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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: Gulf Coast Notary Seal, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2823 Cynthia Ct.
Suite 100
Panama City, FL 32405

Mailing address, if different is:
P.O. Box 1767
Lynn Haven, FL 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and ALL Lawful Business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Teri R. Love / Pres.
Address: 2823 Cynthia Ct. Sk 100
Panama City, FL 32405

Name and Title: Teri R. Love / Sec.
Address: 2823 Cynthia Ct.
Suite 100
Panama City, FL 32405

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Teri R. Love

Address: 2823 Cynthia Ct. Ste. 100
Panama City, FL 32405

ARTICLE VII INCORPORATOR

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

Name: Teri R. Love

Address: 2823 Cynthia Ct. Ste. 100
Panama City, FL 32405

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

Teri R. Love
Required Signature/Registered Agent

4/13/2023
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.

Teri R. Love
Required Signature/Incorporator

4/13/2023
Date

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