

P23 0000 63687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

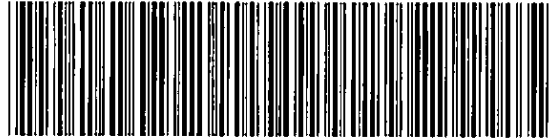
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/07/23--01001--005 **122.50

2023 SEP - 6 PM 4:48

2023 SEP - 6 PM 2:48

ALLAHASSEE, FLOR

RECEIVED

COVER LETTER

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

SUBJECT: GT Carriers 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Thomas O. O'Koth
Name (Printed or typed)

1246 NE 144TH ST
Address

Miami, Florida 33161
City, State & Zip

786 831 3888
Daytime Telephone number

thomazgeliazar264@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: G T Carriers Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1246 NE 144TH ST.
Miami, FL 33161

Mailing address, if different is:

1246 NE 144TH ST.
Miami, FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas O. Okoth (Pres) Name and Title: _____

Address: 1246 NE 144TH ST Address: _____
Miami, FL 33161

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

3446
- 29820

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:

Thomas Okoth

Address:

1246 NE 144th ST.
Miami, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Thomas Okoth

Address:

1246 NE 144th ST
Miami, FL 33161

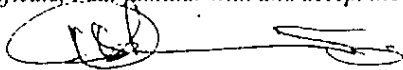
ARTICLE VIII EFFECTIVE DATE:

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

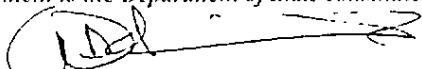


Required Signature/Registered Agent

09/06/2023

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.



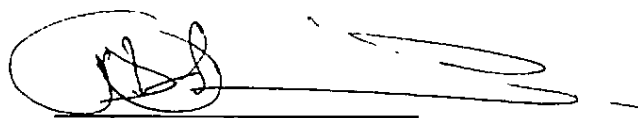
Required Signature/Incorporator

09/06/2023

Date

2023 SE - 5 - 4:45

I, THOMAS O. OKOTH, PRESIDENT OF GT CARRIERS INC, DOCUMENT NUMBER
N23000002361 WILL NOT REVOKE OR REINSTATE THE ABOVE NON PROFIT
CORPORATION AND I RELEASE THE NAME FOR USE.

A handwritten signature in black ink, appearing to read 'T. Okoth', is written over a horizontal line. The signature is stylized with a large loop at the beginning and a long, sweeping tail.

2023 SEP -6 PM 4:46