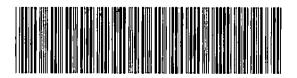
P23000085152

v	
(Re	equestor's Name)
(Ad	ddress)
(Ad	idress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



300418350723

11/07/23--01016--011 **127.50

2023 NOV -7 FH 7: 17

COVER LETTER

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

SUBJECT:	Gulf Coast Irric		
Enclosed are an orig	inal and one (1) copy of the arti	TE NAME – MUST INCLI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
□ \$70.00	□ \$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee.
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

FROM:	Ryan W. Lind
	Name (Printed or typed)
	843 96th Ave N.
	Address
	Naples FL 34108
	City. State & Zip
	(239) 601. 5888
	Daytime Telephone number
	E-mail address: (to be used for future annual report notification)
	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 corporati	on shall be: Gulf Coa	St Irrigat	ion Inc.
84396th A Naples F		✓ Maili	ng address, if different is: Alvaa Point D A Springs, Fr 3413
ARTICLE III PURPO The purpose for which th	SE e corporation is organized is:	rigation	
	tock is:		
	OFFICERS AND/OR DIRECTORS Ruan W. Lind Pasid	a Name and Title:	
Address _	Ryan W. Lind, Proside BY3 96th Ave N Naples, Fr 34108	Address:	
Name and Title:_ Address _			
			රුග
Address _ - -		Address:	No7 1 7:

Name and T	litle:	Name and Title:
Address		Address:
ARTICLE VI RE	GISTERED AGENT	
The <u>name and Flori</u>	ida street address (P.O. Box NOT acceptable) o	
Name:	Ryan W. Lind 843 96th Ave N Naples, Fe 34105	_
Address:	843 96" AVC N	_
_	Naples, F2 34108	_
ABTICLE I/II IN	(CORDOR CTOR	
<u>ARTICLE VII IN</u>		
The <u>name and addr</u>	ress of the Incorporator is:	
Name:	Kyan W. Lind	_
Address:	Ryan W. Lind 843 96th Aven Naples, Fr 34108	_
	Naples Fr 34108	_
	•	
ARTICLE VIII E. Effective date if oth	FFECTIVE DATE: ner than the date of filing:	(OPTIONAL)
(If an effective date	e is listed, the date must be specific and canno	of be more than five days prior or 90 days after
filing.)		
	serted in this block does not meet the applicable ctive date on the Department of State's records.	statutory filing requirements, this date will not
Having been named certificate, I am fafi	as registered agent to accept service of process j iliar with and accept the appointment as registe.	for the above stated corporation at the place design ted agent and agree to act in this capacity
11. 11		10/10/10
10	Required Signature/Registered Agent	Date
I submit this docum	ent and affirm that the facts stated herein are	true. I am aware that the false information sui
document to the Dep	partment of State constitutes a third degree felon	y as provided for in s.817.155, F.S.
		16/3132
Paghird Simple	Incompositor	
Required Signature/	Incorporator	Date ====================================
Required Signature/	Incorporator	Date

P230000085152

Gulfcoast Irrigation (239) 434-6259 (239) 370-0591 CGl6301@yahoo.com

October 31, 2023

Florida Department of State
New Filing Section & Amendment Section
Division of Corporations
PO Box 32314
Tallahassee, FL 32314

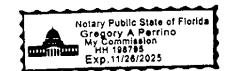
To Whom It May Concern:

I, Gary A. Withstandley, am the President of Gulfcoast Irrigation Inc. and own 100% of the issued and outstanding capital stock of Gulfcoast Irrigation Inc.

I wish to dissolve Gulfcoast Irrigation Inc. and have no intention to reinstate the corporation. Simultaneously, I would like to make the name Gulfcoast Irrigation Inc. available to Ryan W. Lind for incorporation purposes.

Gary A. Withstandley, President

State of Florida County of Collier



2028 DEC 11

The foregoing instrument was acknowledged before me this \(\frac{1 < \cdot \c

Gregory A. Perrino

n00