

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

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| SUBJECT: | G.S.B. | Corp. | | |
|----------|--------|-------|---------------------------|------|
| | | • | (proposed corporate name) | |

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$\frac{70.00}{\cdot}\$.

FROM:

Tom McLean
Name

4503 Irvington Ave # 6
Address

Jacksonville. Fl. 32210
City, State, & Zip

(904) 387-6441
Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

189,2544,2550 W98-2017

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 28, 1998

TOM MCLEAN 4503 IRVINGTON AVENUE, #6 JACKSONVILLE, FL 32210

SUBJECT: G.S.B. CORP. Ref. Number: W98000002017

We have received your document for G.S.B. CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Letter Number: 198A00004872

Doris Brown Document Specialist

CHALGED TO: - G.S.O. CORP.

ARTICLES OF INCORPORATION

98 FEB 13 PM 1:09

<u>OF</u>

G.S.O. Corp.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

G.S.O. Corp.

ARTICLE II PRINCIPAL OFFICER

The principal place of business and mailing address of this corporation shall be:

7457-1 103rd Street, Jacksonville, Fl. 32210

Mailing address: Box 3, 7457-1 103rd Street, Jacksonville Fl. 32210

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares of Common Stock

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Tom McLean 4503 Irvington Ave. #6 Jacksonville, Fl. 32210

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Bela K. Orban 7457-1 103rd St. Jacksonville, Fl. 32210

| 21st | day of <u>January</u> , 19 <u>98</u> . |
|------|--|
| | Kela Il Colar Incorporator |
| | Signature/Title |
| | Signature/Title |
| | Signature/Title |

The undersigned has (have) executed these Articles of Incorporation this

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

| 1. The name of the corporation is:G_S_OC | orp. 2 | |
|--|---|------------|
| | office is: | 4 · |
| | | <u>त्र</u> |
| | | |
| 2. The name and address of the registered agent and | office is: | 20 |
| 2. The half did decided of the region of a grant and | | 601 131 |
| Tom McLean | <u></u> | 300 |
| (NAM | IE) | ህን |
| 4503 Irvington Ave #6 | | |
| (P.O. BOX NC | <u>OT</u> ACCEPTABLE | |
| · | | |
| Jacksonville, Fl. 32210 | | |
| (CITY/STATE/ZIP) | | |
| | | / |
| | 6.0 40 f/h | |
| | SIGNATURE 1000 | |
| | (corporate officer) | |
| | TITLE President | - |
| | | |
| | 2.55 | |
| | DATE | |
| | | |
| HAVING BEEN NAMED AS REGISTERED AGENT | AND TO ACCEPT SERVICE OF PROCESS FOR TH | E |
| ABOVE STATED CORPORATION AT THE PLACE I | | |
| ACCEPT THE APPOINTMENT AS REGISTERED A | GENT AND AGREE TO ACT IN THIS CAPACITY. | |
| FURTHER AGREE TO COMPLY WITH THE PROVIS | | |
| PER AND COMPLETE PERFORMANCE OF MY DU | | E |
| OBLIGATIONS OF MY POSITION AS REGISTERED | AGENT. | |
| | | |
| | SIGNATURE dem Mylan | |
| | | |
| | DATE 1-22-98 | |