

P98000031102

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

800002476948--3
-04/02/98--01073--001
*****78.75 *****78.75

SUBJECT: G-FOUR-C CORPORATION
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Gary L. Crawford
Name (Printed or typed)

8975 Arcade Avenue
Address

Jacksonville, Florida 32216-3388
City, State & Zip

(904) 724-1945
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 APR -2 PM 3.17

FILED

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

4-3-98

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: G-FOUR-C CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

8975 Arcade Avenue, Jacksonville, FL 32216-3388

ARTICLE III SHARES

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

1500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gary L. Crawford
8975 Arcade Avenue
Jacksonville, FL 32216-3388

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Gary L. Crawford
8975 Arcade Avenue
Jacksonville, FL 32216-3388


Signature/Incorporator

April 1, 1998

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

April 1, 1998

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA