P980000 71319

TRANSMITTAL LETTER

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

SUBJECT:	Pritchett Gos (Proposed cor	selin Properties porate name - must include suf	i, Inc. fix)		
		•	.5000026 -08/12/1 ******76	980	925 1047- ****
Enclosed is an original a	and one(1) copy of the arti	cles 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: _	23175 Selk Brooksvill Cit	(Printed or typed) irk Ave. Address e, FL 34601 y, State & Zip	DIVINION OF COST ORALIONS TALLAHASSEE, FLORIDA	98 AUG 12 PM 3: 28	T
•	Daytime Telephone number				

J'AN

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

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:

Pritchett Gosselin Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1233 Keene Rd.

Dunedin, FL 34698

ARTICLE III SHARES

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

100,000 Shares Total

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Anthony Gosselin 23175 Selkirk Ave.

Brooksville, FL 34601

ARTICLE V INCORPORATOR

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

Anthony Gosselin 23175 Selkirk Ave. Brooksville, FL 34601

Signature/Incorporator

1113 1,14 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

Signamy/Registered Agent

Date