# TRANSMITTAL LETTER 98 OCT 29 PM 3: 03

.Department of State **Division of Corporations** 

P. O. Box 6327 Tallahassee, FL 32314				
SUBJECT: Gambrell, INCo (Proposed corporate name - must include suffix)				
		41	00002667: -10/19/980 ******78.75	1124003
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 CO	PY REQUIRED	
FROM: Konald Gambrell Name (Printed or typed)				
B602 Champlain C+#95				
10 mpa Fl. 33614 City, State & Zip				
1-888-709-3859 Daytime Telephone number				
189,506,2589,3551,2 N98-24019	<del>-</del>			

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



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 22, 1998

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RONALD GAMBRELL 8602 CHAMPLAIN COURT, #95 TAMPA, FL 33614

SUBJECT: GAMBRELL, LTD. Ref. Number: W98000024019

We have received your document for GAMBRELL, LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

You must list the corporation's principal office and/or a mailing address in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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.

Doris Brown Document Specialist

Letter Number: 498A00052108

# CERTIFICATE OF INCORPORATION

**OF** 

Gambrell, INC.

THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of FLORIDA , hereby certifies as follows:

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## NAME

The name of this corporation is Gambrell, INC.

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# INITIAL OFFICE AND AGENT

The address of this Corporation's initial registered agent at such address is:

office and the name of its original

Ronald Gambrell 8602 Champlain Ct #95 Tampa, Florida 33614 P.O. Box 27250 Tampa FL. 33688

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#### **PURPOSES**

The Corporation shall locate owners of stocks, bonds, insurance policies, etc.

## $\mathbf{IV}$

## **STOCK**

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$1.00 par value stock.

## **CORPORATION BY-LAWS**

The Board of Directors is authorized and empowered to make, alter, amend and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

# VI LIABILITY OF DIRECTORS

Pursuant to <u>Chapter</u> 607 and 621 Florida Statusary and all directors of this corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated.

# VII INCORPORATOR

The name and address of the incorporator is:

RONALd Le Nard Gambrell 8602 Champlain Ct. #45 Tampa, Florida 33614

IN WITNESS WHEREOF, the incorporator has hereunto set his hand this \_\_6+h day of \_\_Octobee\_\_\_\_, 19\_98\_.

Forold Santiell

STATE OF Storida COUNTY OF Hillsbrougs

On the day of OCF  Royald Le Nard Gam Drell, the si acknowledged to me that he executed the same	, 19 <u>98</u> , personally appeared before me gner of the within instrument, who duly
	Notary Public  Residing at
	Residing at:  My commission expires: \( \lambda \frac{9}{9} \)
	JANICE M. CARDWELL MY COMMISSION # CC 600990 EXPIRES: November 29, 1999. Bonded Thru Notary Public Underwrites
Konsle Jambiel  Signature/Incorporator	10-10-98 OCT PA
(An additional article must be adde	ed if an effective date is requested.)
Having been named as registered agent and to accept service of proceedings of the appointment as registered agent and provisions of all statutes relating to the proper and complete perobligations of my position as registered agent	agree to act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the
Signature/Registered Agent	

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