

P98000095219

TRANSMITTAL LETTER

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

SUBJECT: G.A.P. CONSULTING, INC.

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

     \$70.00  
Filing Fee

X \$78.75  
Filing Fee  
& Certificate

     \$122.50  
Filing Fee  
& Certified Copy

     \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

000002683670--0  
-11/09/98--01135--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FROM: Jamie M. Pope

Route 4 Box 8670

Hilliard, FL 32046

904-845-3704

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

98 NOV -9 AM 8:25

FILED

ajc  
11/12

## ARTICLES OF INCORPORATION

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

### **ARTICLE I NAME**

The name of the corporation shall be:

G.A.P. Consulting, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

Rural Route 4 Box 8670  
Hilliard, FL 32046

### **ARTICLE III SHARES**

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

One hundred (100)

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:**

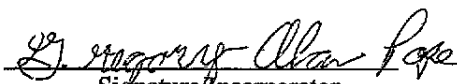
The name and Florida street address of the initial registered agent are:

Jamie M. Pope  
Rural Route 4 Box 8670  
Hilliard, FL 32046

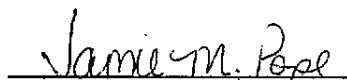
### **ARTICLE V INCORPORATOR**

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

Gregory Alan Pope  
Rural Route 4 Box 8670  
Hilliard, FL 32046

 10-31-98  
Signature/Incorporator Date

*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.*

 10-31-98  
Signature/Registered Agent Date

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TALLAHASSEE, FLORIDA