

P24000048455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

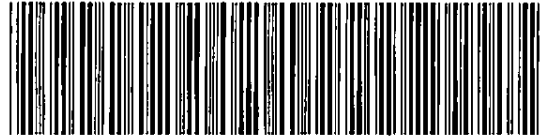
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/17/24--01031--018 \*\*78.75

2024 JUL 17 PM 4: 31  
STATE OF ARIZONA  
SECRETARY OF STATE

**COVER LETTER**

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

**SUBJECT:** Gutters Unlimited Management Co.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

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

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** TAVAS, LLC  
Name (Printed or typed)  
3850 N Wilke Road  
Address  
Arlington Heights, IL 60004  
City, State & Zip  
(800) 595-4176  
Daytime Telephone number  
florida.alstons@gmail.com  
E-mail address: (to be used for future annual report notification)

2021 JUL 17 PM 4:31  
11:13 AM  
11:13 AM

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



Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Brian Alston  
 Address: 7615 Progress Cir  
Melbourne, FL 32904

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Brian Alston  
 Address: 7615 Progress Cir  
Melbourne, FL 32904


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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

 7-10-24  
 Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 7-10-24  
 Required Signature/Incorporator Date