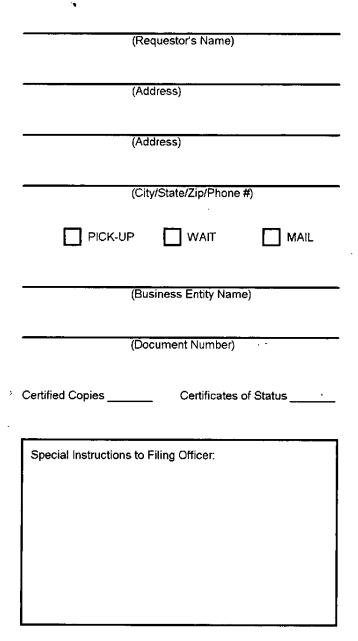
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# **COVER LETTER**

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

SUBJECT:	AARON V. GODWIN, INC.		
·	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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 o Status
		ADDITIONAL COPY REQUIRED	
FROM:	AARON VANCE GODWIN Name (Printed or typed)		
	15155 MICHELANGELO BLVD #104		
	Address		
	DELRAY BEACH, FL 33446		
	City, State & Zip		
	561-314-5185		
	Daytime Telephone number		
	E-mail address: (to be used for future annual report notification)		

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

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

AARON V. GODWIN, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 15155 MICHAELANGELO BLVD #104 DELRAY BEACH, FL 33446

## ARTICLE III PURPOSE

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

### ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

AARON VANCE GODWIN-15155 MICHAELANGELO BLVD #104, DELRAY BEACH, FL 33411-PRESIDENT

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: AARON VANCE GODWIN-15155 MICHAELANGELO BLVD #104, DELRAY BEACH, FL 33411-

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

AARON VANCE GODWIN-15155 MICHAELANGELO BLVD #104, DELRAY BEACH, FL 33411-

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 gapacity

Signature/Registered Age

Signature/Incorporator

1/-16-09
Date
1/-16-09