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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: GOYA ENTERPRISES, INC. (Name of corporation - must include suffix)		
(, , , , , , , , , , , , , , , , , , ,		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
JOHN GILLMOR		
(Name of Person)		
Please return all correspondence concerning this matter to the following: JOHN GILLMOR (Name of Person) GOYA ENTERPRISES INC. (Firm/Company) 636 SPRUCEWOOD CIRCLE, (Address) ALTA MONTE SPRINGS, FLORIDA 32714 (City/State and Zip code)		
(Firm/Company)		
636 SPRUCEUMOD CREUE		
(Address)		
ALTAMONTE SPRINGS FLORIDA 32714		
(City/State and Zip code)		
For further information concerning this matter, please call:		
A		
OHN GIUMOR at (407) 883-7998 (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\ \tag{S78.75 Filing Fee & \tag{S78.75 Filing Fee & \tag{Certificate of Status}}\$\$ \$78.75 Filing Fee & \tag{Certificate of Status}\$\$ \$Certified Copy & Certificate Of Status & Certified Copy}\$\$\$		

, APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. COYA ENTERPRISES INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

(Enter name of corporation; must include "INCORPORATED," "COI" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	MPANY," "CORPORATION,"		
(If name unavailable in Florida, enter alternate corporate name adopted	d for the purpose of transacting business in Florida)		
·			
(State or country under the law of which it is incorporated)	26 - 43230 6Z (FEI number, if applicable)		
4 2/10/00 5 7	PERPETUAL		
4. 2/10/09 5. 1 (Dura	tion: Year corp. will cease to exist or "perpetual")		
6. UPON QUALIFICATION			
(Date first transacted business in Florid (SEE SECTIONS 607.1501 & 607.1502, F.S			
7. 636 SPEUCEWOOD CIE, ACTAME	INTE SPEINGS, FL. 32714		
(Principal office address)			
SAME-			
(Current mailing address)			
8. REALTESTATE/ TANNING SALON			
(Purpose(s) of corporation authorized in home state or country to	o be carried out in state of Florida)		
9. Name and street address of Florida registered agent: (P.O. Box	NOT acceptable)		
Name: JOHN GILLMOR			
Office Address: 686 SPRICEWOOD CIRCLE	22 6		
ACTAMONTE SPEINGS,	Florida 32714 Fig 3 17		
(City)	(Zip code)		
10. Registered agent's acceptance:	ATE 33		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS 10HN GILLMOR Chairman: _____ Address: 636 SPRUCEWOOD GR.

ACTAMONTE SPRINGS FL. 327 14 Vice Chairman: Address: Director: ___ Address: **B. OFFICERS** Address: 636 ACTAMONTE SPRINGS, FL. 32714 Vice President: Address: ___ JUDY GILLMOR Address: 636 SPRUCEWOOD CIR, ALTAMONTE SPRINGS, FL. 32714 Jupy Giumor Address: 636 SPRUCEWOOD (1e, ALTAMONTE SPRINGS, FL. 32714 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

DUN GILLMOR PRESIDENT

(Typed or printed name and capacity of person signing application)







CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GOYA ENTERPRISES**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 10, 2009, and is in good standing in this state.

Certified By: G Ramos
Certificate Number: C20090211-2480
You may verify this certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 17, 2009.

ROSS MILLER Secretary of State