F17000002401

(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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May 8, 2017

MELISSA DAVIS 704 GOODLETTE RD N NAPLES, FL 34012

SUBJECT: GOENNOUNCE INC. Ref. Number: W17000039250

We have received your document for GOENNOUNCE INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 117A00009044

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GOENNOUNCE INC.			_
	me of corporation	ı - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certification above referenced foreign corporation	icate of Good Sta	nding" and check are sub	
Please return all correspondence cond	cerning this matte	r to the following:	
MELISSA DAVIS			
	Name of	Person	
GOENNOUNCE INC			
	Firm/Cor	npany	
704 GOODLETTE RD N			
	Addı	ess	
NAPLES, FL 34012			
	City/State a	and Zip code	
MELISSA@GOENNOUNCE.COM			
E-mail add	iress: (to be used	for future annual report	notification)
For further information concerning th	nis matter, please	call:	
	310	663-9307	
MELISSA DAVIS	at (
Name of Person	Area Co	le Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	Filing Fee & I	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, 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.

I. GOENNOUNC	EINC		
	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	1,"
(If name amount	able in Florida, enter alternate corporate name add	ated for the numero of terroretin	o husingga in Florida)
(II name unavail	able in Piorida, enter alternate corporate name add	pted for the purpose of transacting	ig business in riorida)
DELAWARE		-5387876	
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
1-30-2017	5		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
5. 1-30-2017			
	(Date first transacted business in Fi		
	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty habif	ity)
704 GOODLETT	E RD N, NAPLES FL 34102		
	(Principal	office address)	
			• .
	(Current mailing a	ddress, if different)	17
Name and street	et address of Florida registered agent: (P.O. l	Box NOT acceptable)	
Name:	MELISSA DAVIS		2 6 T
runie.			
Office Address:	704 GOODLETTE RD N	_	
	NAPLES	. Florida 34102	S SS A SS
	(City)	(Zip code)	M _Q 39
	ent's acceptance: ned as registered agent and to accept service	of muchos for the above state	
	application, I hereby accept the appointme		
further agree to c	omply with the provisions of all statutes rela	utive to the proper and compl	ete performance of my
luties, and I am j	familiar with and accept the obligations of n	ıy position as registered agen	t.
	Λ		
_	Married 1		
	(Registered age	nt's signature)	

10. 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.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director: MELISSA DAVIS	
Address: 704 GOODLETTE RD N, NAPLES, FL 34102	
Director: MEGHAN DAVIS	
Address: 704 GOODLETTE RD N, NAPLES FL 34102	
	-
B. OFFICERS	F. T.
President: MELISSA DAVIS	\$55 T
Address: 704 GOODLETTE RD N., NAPLES, FL 34102	
Vice President:	5-70
Address:	.
 	
Secretary: MEGHAN DAVIS	
Address: 704 GOODLETTE RD N, NAPLES FL 34102	
Treasurer: MEGHAN DAVIS	<u></u>
Address:	
NOTE: If necessary, you may attach an addendum to the application listin	
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number) are true and that he or she is aware that false information submitted in a doc a third degree felony as provided for in s.817.155, F.S.	11 above) affirms that the facts stated herein
12 A FELLOGA DALING DECIDENTS	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GOENNOUNCE, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE ELEVENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOENNOUNCE, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Jaffrey W. Busines, Secretary of State