

F19000003960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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AUG 13 2019
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AUG 27 2019





FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2019

LUCINDA GOOD
3329 SW 26TH PLACE
CAPE CORAL, FL 33914

SUBJECT: GOOD MANAGEMENT, INC.
Ref. Number: W19000076685

We have received your document for GOOD MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with 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.

Yvette Scott
Document Specialist II

Letter Number: 219A00017019

RECEIVED
AUG 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations
Good Management, Inc.

SUBJECT: _____
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," or "Certificate of Good Standing" 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:
Lucinda Good

Good Management, Inc.	Name of Person
3329 SW 26th Place	Firm/Company
Cape Coral, FL 33914	Address
lucindagood62@yahoo.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Lucinda S. Good	574	229-8180
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

Good Management, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

LS GOOD MANAGEMENT, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Indiana

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/21/2005

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3329 SW 26th Place, Cape Coral, FL 33914

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Lucinda S. Good

Name: _____

3329 SW 26th Place

Office Address: _____

Cape Coral

33914

_____, Florida

(City)

(Zip code)

9. Registered agent's acceptance:

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.

Lucinda S. Good
(Registered agent'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

Lucinda S. Good ✓

Chairman:

3329 SW 26th Place, Cape Coral, FL 33914

Address:

Kenneth D. Good ✓

Vice Chairman:

3329 SW 26th Place, Cape Coral, FL 33914

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Lucinda S. Good ✓

President:

3329 SW 26th Place, Cape Coral, FL 33914

Address:

Kenneth D. Good ✓

Vice President:

3329 SW 26th Place, Cape Coral, FL 33914

Address:

Kenneth D. Good ✓

Secretary:

3329 SW 26th Place, Cape Coral, FL 33914

Address:

Lucinda S. Good ✓

Treasurer:

3329 SW 26th Place, Cape Coral, FL 33914

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *Lucinda S. Good*

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Lucinda S. Good, PRESIDENT

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

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

GOOD MANAGEMENT, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 21, 2005, and was in existence or authorized to transact business in the State of Indiana on August 07, 2019.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 07, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2006010300504 / 20191055693

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on September 06, 2019.