

F20000004451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

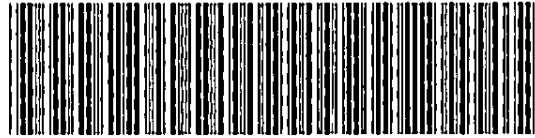
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W2000 02546
0107611

Office Use Only



700350928277

UN/21/20-00014-020 22.10.00

2000000-7 PM 5:37

SBF
10/10/

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOODCHECKUP CORPORATION
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:

MARILYN C. SANDOR
Name of Person
GOODCHECKUP CORPORATION
Firm/Company
4529 EXECUTIVE DRIVE STE 101
Address
NAPLES, FL 34119
City/State and Zip code
drmarilyn.sandor@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARILYN SANDOR at (239) 269-3703
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

2020 OCT -7 PM 5:37

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. GOODCHECKUP CORPORATION

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE 3. 85-2402108
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 16, 2020 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)

7. 4529 EXECUTIVE DRIVE Suite 101 Naples FL
(Principal office street address) 34119

(Current mailing address, if different)

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

Name: MARILYN C. SANDOR

Office Address: 4529 EXECUTIVE DRIVE, SUITE 101
NAPLES, Florida 34119
(City) (Zip code)

2020 OCT -7 PM 5:37

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.

Mary C Sandor
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: MARILYN C. SANDOR
☐ Vice Chairman Address: 4529 EXECUTIVE DRIVE
☐ Director SUITE 101
☐ President NAPLES, FL 34119
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other C.E.O. ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Marilyn C. Sandor
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. MARILYN C. SANDOR, C.E.O.
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOODCHECKUP CORPORATION" 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 TWENTY-FOURTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOODCHECKUP CORPORATION" WAS INCORPORATED ON THE SIXTEENTH DAY OF JULY, A.D. 2020.

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

20200824 17:53:37




Jeffrey W. Bullock, Secretary of State

3255350 8300

SR# 20206890043

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203521348

Date: 08-24-20

Florida Department of State Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

October 4, 2020

To Whom it May Concern:


I am writing on behalf of **Goodcheckup Inc., a Florida corporation**, in the capacity of Incorporator, Sole Director and President.

Please accept this letter as formal acknowledgement that I, Marilyn C. Sandor, as the incorporator, sole director and president and president of Goodcheckup, Inc., have no intention of revoking the requested dissolution submitted via the filing of the Articles of Dissolution on July 31, 2020 for this entity, Document number P20000041583.

If you have any questions regarding this statement, please contact me at the following phone number: 239.269.3703.

Sincerely,

Goodcheckup Inc., a Florida corporation

By: 

Marilyn C. Sandor

President and Incorporator

Marilyn C. Sandor Goodcheckup, Inc. 4529 Executive Drive Naples, FL 34119

2020 OCT -7 PM 5:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2020

MARILYN C SANDOR
4529 EXECUTIVE DRIVE
NAPLES, FL 34119 US

SUBJECT: GOODCHECKUP CORPORATION
Ref. Number: W20000107611

We have received your document for GOODCHECKUP CORPORATION 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 920A00017920

RECEIVED
OCT 07 2020