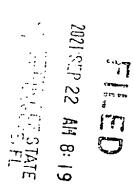
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## CORPORATE ACCESS, \_

## When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

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September 22, 2021

**CORP ACCESS** 

SUBJECT: GOOD 2 GO GRAPHICS INC.

Ref. Number: W21000127895

We have received your document for GOOD 2 GO GRAPHICS 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):

Please list the title for "Len Richter".,

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.

Letter Number: 221A00022973

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

## 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.

(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)
NEW YORK			
11/01/2005			
(Date	5. e of incorporation)	(Date of duration, if other	r than perpetual)
•			
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502. F.S., to determine penalty liabi	ility)
478 MARTIN R	OAD SE PALM BAY, FL 32909	, o, oo assossano posicity siabi	,
·	(Principal off	fice street address)	
	(Current mailir	ng address, if different)	
			2021
. Name and stree	et address of Florida registered agent: (P.C	O. Box NOT acceptable)	- TO 4 H
Name:	LEN RICHTER	_	. N
ivanic.	478 MARTIN ROAD SE Suite 104		SEP 22 AH
	<del></del>	32909	SEE STAIL
	PALM BAY		
office Address:	PALM BAY (City)	, Florida	
office Address:	(City)	(Zip code)	FLE FLE
ffice Address:  Registered ag	(City)	(Zip code)	. E 0
ffice Address:  Registered againg been namesignated in this	(City) ent's acceptance: ned as registered agent and to accept servi application, I hereby accept the appoints	(Zip code)  ice of process for the above state ment as registered agent and agr	ed corporation at the place
ffice Address:  Registered age  aving been namesignated in this	(City)	(Zip code)  ice of process for the above state  ment as registered agent and agr  relative to the proper and comple	ed corporation at the place

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: LEN RICHTER		□Chairman	Name: INDRAWATIE RICHTER	
□Vice Chairman	Address: 2190 FOREST KNOLL DRIVE S	E □Vice Chairman	Address: 2190 FOREST KNOLL DRIVE	
□Director	UNIT #215	Director	UNIT #215	
President	PALM BAY, FL 32905	□President	Palm Bay, FL 32905	
□Vice President		■ Vice President		
☐ Secretary	Treasurer	☐ Secretary	□Treasurer	
Other	Other	□Other	□Other	
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	□Secretary	☐ Treasurer	
Other	Other	□Other	Other	
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	□Secretary	☐Treasur <del>er</del>	
□Other	Other	Other	Other	
Important Notice: Uindividuals may be	Ise an attachment to report more than six (6). The added to the index when filing your Florida Department	attachment will be imaged	1 for reporting purposes only. Non-indexed	
12	les District			
_	Signature of Direct	tor or Officer		
The officer or direct she is aware that falls. 817.155, F.S.	tor signing this document (and who is listed in nu- ise information submitted in a document to the De	umber 11 above) affirms that epartment of State constitut	at the facts stated herein are true and that he or ses a third degree felony as provided for in	
	:R			

#### STATE OF NEW YORK

## DEPARTMENT OF STATE

### Certificate of Status

I. ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** 

GOOD 2 GO GRAPHICS INC.

DOS ID Number:

3275455

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

11/01/2005

Statement Status:

**CURRENT** 

Statement Due Date:

11/30/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** 

CERTIFICATE OF INCORPORATION

Date of Filing:

11/01/2005

**Entity Name:** 

GOOD 2 GO GRAPHICS INC.

**Document Type:** 

BIENNIAL STATEMENT

Date of Filing:

09/22/2021

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 22, 2021 at 11:18 A.M.

ROSSANA ROSADO. Secretary of State

Brandon C Hugha

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100000391796 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>