

M98538

Requester's Name

Ronald Aaron Gottus
11011 E Larry Ct
Ft. Lauderdale, FL 33436-3420

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **400003960694--8**
-04/05/01--01063--014
*****35.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☒ Amendment + *K/C*
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
01 APR 13 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 11, 2001

RONALD A. GOTTUS
11011 E. LARRY CT.
FLORAL CITY, FL 34436-3420

SUBJECT: GOOD LIFE ENTERPRISE, INC.
Ref. Number: M98538

We have received your document for GOOD LIFE ENTERPRISE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be signed by a director if adopted by the directors.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6869.

Teresa Brown
Corporate Specialist

Letter Number: 601A00021472

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
01 APR 13 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GOOD LIFE ENTERPRISE, INC.
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

CHANGE NAME TO:

PERMIT & RESEARCH SERVICES, INC.

CHANGE NAME OF DARLINE WALSH TO:

DARLINE GOTTUS

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 4-3-01

FOURTH: Adoption of Amendment(s) (CHECK ONE)

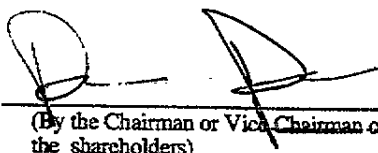
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 3rd day of April, 2001.

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

DARLANN L. GOTTUS

Typed or printed name

PRESIDENT

Title

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK RIBBON

This license not valid unless seal of Clerk,
Circuit or County Court appears thereon.

(STATE FILE NUMBER)

CERTIFIED TO BE A TRUE COPY
BETTY STRIFLER
CLERK OF CIRCUIT COURT

BY: *[Signature]* D.C.
THIS 23RD DAY OF JAN. A.D. 2001

2001-0020

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) RONALD AARON GOTTUS			2. DATE OF BIRTH (Month, Day, Year) 07/22/1964
3a. RESIDENCE - CITY, TOWN OR LOCATION FLORAL CITY	3b. COUNTY CITRUS	3c. STATE FL 34436	4. BIRTHPLACE (State or Foreign, Country) FLORIDA
5a. BRIDE'S NAME (First, Middle, Last) DARLENE LOU WALSH			5b. BRIDE'S SURNAME (if different) HINTON
7a. RESIDENCE - CITY, TOWN, OR LOCATION FLORAL CITY	7b. COUNTY CITRUS	7c. STATE FL 34436	8. BIRTHPLACE (State or Foreign, Country) FLORIDA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Ronald Aaron Gottus</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 01/11/2001
11. TITLE OF OFFICIAL BETTY STRIFLER, CLERK OF COURT	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i> D.C.
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 01/11/2001
15. TITLE OF OFFICIAL BETTY STRIFLER, CLERK OF COURT	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i> D.C.

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS.

THIS LICENSE MUST BE ISSUED ON OR BEFORE THE BELOW EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE CITRUS	18. DATE LICENSE ISSUED 01/11/2001	18a. DATE LICENSE EFFECTIVE 01/14/2001	19. EXPIRATION DATE 03/15/2001
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Betty Strifler</i>		20b. TITLE CLERK OF COURTS	20c. <i>[Signature]</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) 1-17-2001	22. CITY, TOWN, OR LOCATION OF MARRIAGE FLORAL CITY, FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) 970 E. RAY ST., HERNANDO, FL 34442
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) JEFFREY L. BURKE, PASTOR	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER [REDACTED]	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	29. IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b and 29c 29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE, OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 10/04/1989
BRIDE	30. SOCIAL SECURITY NUMBER [REDACTED]	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	33. IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b and 33c 33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE, OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)



SEAL