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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| | | |

Office Use Only



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DEF OF CORPORATIONS
TAISING ASSEE, FLORIDA

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1#

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: MICHAEL GOINS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| Enclosed is an original | and one (1) copy of the A | rticles of Incorporation and | d a check for: | |
|-------------------------|--|---|--|--|
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate | |
| | | ADDITIONAL COPY REQUIRED | | |

FROM: Michael Goins
Name (Printed or typed)

2330 EASHMEADOWS CI
Address

LACELAND FL. 33812

City, State & Zip

863-286-1010

Daytime Telephone number

Michaeland S S & VAhoo Com
E-mail address: (to bo used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

| <u>ARTICLE I</u> | <u>NAME</u> | | | g = 1 a |
|-------------------------------|--|------------------------------|------------------------------|---|
| The name of the c | orporation shall be: Michael | GOINS | S INC. | FILED |
| ARTICLE II | PRINCIPAL OFFICE | | | 11 Oer |
| | Principal street address | -4 | _ Mailing address, | 11 OCT III BH 3 49 |
| | 2330 EASTMEADOWS | =7 - | - CA AAT 75 | ECRETADO DO MA |
| | 73817 | | THE A | -LAHASSEC STATE |
| | | - | ··· | ECRETARY OF STATE LLAHASSEE, FLORIDA |
| ARTICLE III | PURPOSE | | | |
| The purpose for v | which the corporation is organized is: | | | |
| Minist | LRV | | | |
| PIRIT | 177 | | | |
| | | | | |
| ARTICLE IV | MANNER OF ELECTION The manner in | which the directors | s are elected and appointed: | |
| AS 54 | HATED IN THE BY-L | aws | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTO | RS | 01 1 1 1 1 6 | M. 1 -11- 1/ 1/ |
| Name and T | itle: PRESIDENT-NICHASL GOIL | Jame and Title | : Administrate | R-MULLELLE HOLTON |
| Address: | 2330 EAZ+WEDGONS CT | _ Address: | 235V EASTON | LORIGA |
| | LAKELANO FIDRICA | - | 73812 | FURIOR |
| | wie Occil- Thousand | - | >= En | 1 |
| | | | | WIN MANGRIM |
| Address: | LAKELAND FLORIDA | _ Address: | LAKELAND FO | DR COA |
| | 33813 | - - | 33812 | |
| Name and T | Title: SECRHTARY - Stonda HADRI'S | Name and Title | TREACURE - VI | ERONICA HABBIS |
| Address: | 2330 EAST-MERDONS CT | _ Name and Title Address: | | MEADOWE C |
| 11001001 | LAKELAND FLORIDA | | LAKELAND FL | ORMA |
| | 33812 | _ | 33812 | |
| ARTICLE VI | REGISTERED AGENT | | | |
| | orida street address (P.O. Box NOT acceptable) of | the registered age | nt is: | |
| Name: | Michael Goins | - | | |
| Address: | 2320 EASIMBADOWS CI | <u>.</u> | | |
| | 33812 | - | | |
| ARTICLE VII | THEODRODA WOR | _ | | |
| | INCORPORATOR dress of the Incorporator is: | | | |
| Name: | Michael Coons | _ | | |
| Address: | 2330 EASTMEADOWS C | [. | | |
| | LAKELANA FLORION | - | | |
| | | _ | | |
| | med as registered agent to accept service of proce | | | place designated in this |
| cernjicate, 1 am ja | amiliar with and accept the appointment as register | ea agent ana agre | | |
| Mu | had to in | | 10-1 | (2 - / / Date |
| | Required Signature of Registered Agent | | | Date |
| I submit this docu | ement and affirm that the facts stated herein are tr | ue. I am aware th | at anv false information s | ubmitted in a document |
| | t of State constitutes a third degree felony as provid | | | |
| \mathcal{M} . \mathcal{D} | 1.4. | | | 2-11 |
| Mun | nd Hound | | 10-1 | 2 - // Date |
| ſ | Required Signature of Incorporator | | ! | Date |