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| Special Instructions to Filing Officer: |
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June 13, 2013

G.M. GODBOLT TUTORING SERVICE INC. 4338 NW 143RD ST GAINESVILLE, FL 32606

SUBJECT: G.M. GODBOLT TUTORING SERVICE INC.

Ref. Number: W13000031355

We have received your document for G.M. GODBOLT TUTORING SERVICE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of 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) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 213A00013596



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2013

G.M. GODBOLT TUTORING SERVICE INC. 4338 NW 143RD ST GAINESVILLE, FL 32606

SUBJECT: G.M. GODBOLT TUTORING SERVICE INC.

Ref. Number: W13000031355

We have received your document for G.M. GODBOLT TUTORING SERVICE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return the corrected original and one copy of 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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 213A00013596

COVER LETTER

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

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee

\$78.75 Filing Fee &

Certificate of

Status

\$78.75

Filing Fee

\$87.50

& Certified Copy

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: GAM. GOSBOLT Tutoring Service INC.
Name (Printed or typed)

4338 N.W/43 & ST

GAINESVILLE, Florida 32606 City, State & Zip

Daytime Telephone number

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

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

| | the corporation shall be: G. M. Grabolt | Woring service Incr |
|-------------------|---|--|
| RTICLE | Principal street address: | Mailing address, if different is: |
| • | M. God bolt SR | SAM |
| _ | 4/NESVILLE, F/ 32606 | |
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| | | Corporation: A Corporation |
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| Krick | IN MANNER OF ELECTION The manner | or a test to obtain the Advantage of in which the directors are elected and appointed: Appointed |
| ARTICLE ame and T | | e and Title: Director/ |
| | GAINESVILLE, FL 3260 | |
| me and T | itle: Yewhards H. Godbo Lt/ Nam | e and Title: |
| dress | 4338 N.W 143 r 2 57 Add Fairesville, Florida 332-1008 | 174 174 174 174 174 174 174 174 174 174 174 174 174 174 |
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| ARTICLE VI | REGISTERED AGENT | · | | |
| | rida street <u>Iddress</u> (P.O. Box NOT | | | |
| Name: | corge Mi Go | 26027 | C.D. | |
| | 4338 N. W 143 | | THE STATE STATES | |
| Address: | | | | |
| | GAINESVILLE, FO | 1 32606 | | |
| | , | | , Sec | (~) |
| ARTICLE VII | INCORPORATOR | | | \equiv |
| i ne <u>name and add</u> | iress of the Incorporator is: | 1.4. | | 33 11 |
| Name: | G.M. Godbolt | 1811. | | and profits |
| Address: | GAINESVILLE, | 1/43 rd 5) | 7 | 3 |
| | Latine Civilla | E/10/11 37 | 2686 PSE | |
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| Havina heen nam | ed as registered agent to accept se | mice of process for the abou | a stated companion of the plant | |
| certificate, I am fa | miliar with and accept the appointn | rent as registered agent and a | e stateu corporation at the place t gree to act in this capacity | iesignatea in this |
| | | 1/1/5R | 5-14 | - 20/3 |
| - GEOGE | Required Signature of Regis | stered Agent | Date | |
| T made at the A | | - | | |
| i suomii this docui to the Department | nent and affirm that the facts stated of State constitutes a third degree fe | t nerein are truc. I am aware clony as provided for in s.817. | that any false information submit 155, F.S. | ied in a documen |
| , | | (| | - 1 /- |
| Chora | Median Godfor | | 5-/4- | 2013 |
| | Required Signature of | incorporator | Date | |