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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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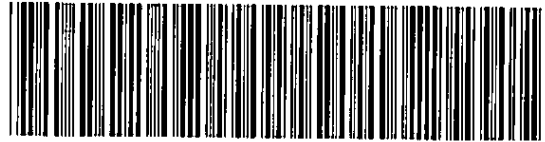
(Business Entity Name)

(Document Number)

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FBI



D O'KEEFE  
MAY 03 2019

W19-13736



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2019

DORIS CRUZ  
1819 WHITE AVE.  
ORLANDO, FL 32806

SUBJECT: GO EDUCATIONAL TEAM INC. G.E.T.  
Ref. Number: W19000013736

We have received your document for GO EDUCATIONAL TEAM INC. G.E.T. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The registered agent must sign accepting the designation.

Please list only one registered agent and have that person sign.

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) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 319A00002976

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19 MAY -3 AM 8:33  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **GO EDUCATIONAL TEAM INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Doris Cruz  
Name (Printed or typed)

1819 White Ave.  
Address

Orlando, FL 32806  
City, State & Zip

321-246-1638  
Daytime Telephone number

doriscruz1058@gmail.com  
E-mail address: (to be 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)

ARTICLE I NAMEThe name of the corporation shall be: GO EDUCATIONAL TEAM INC.ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address:1819 White Ave  
Orlando, Fl. 32806

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:Elected per 5/9 Doris CruzARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Doris Cruz- DirectorName and Title: Dorcar Cruz- Falero- Sub DirectorAddress 1819 White Ave, Orlando Fl. 32806Address: 134 Sedgefield Circle Winter Park fl. 32792Name and Title: Francisco Lopez- Cruz- TreasurerName and Title: Sheila M. Gonzalez Morales- SecretaryAddress 1819 White Ave, Orlando Fl. 32806Address: 1703 Don San Jorge Ct. Or. Fl. 32812Name and Title: Samarl Rosado Caslano- Vocal

Name and Title:

Address Address: 522E. Foothill Way,

Address:

Casselberry, Fl. 32707RECORDED  
FILED  
MAY 10 2019  
TALLAHASSEE, FLORIDA

19 MAY -3 AM 8:33

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Doris CruzAddress: 1819 White Ave.Orlando, FL 32806**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: Doris CruzAddress: 1819 White Ave.Orlando, FL 32806FILED  
MAY 3 2019  
TALLAHASSEE, FLORIDA

19 MAY -3 AM 8:33

FILED

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 2-1-19 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Doris Cruz  
Required Signature of Registered Agent2-1-19  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Doris Cruz  
Required Signature of Incorporator2-1-19  
Date