

P00000033824

Requester's Name

Address

Bob Love
400 Tompkins Street
Jensen, FL 34450

900003190039-3
-03/30/00-01072-004
*****70.00 *****70.00

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 30 AM 8:24

FILED

- ☐ 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

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

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

T. Burch APR 4 2000

Examiner's Initials

ARTICLES OF INCORPORATION

of

GOOD GRIEF GROUP, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

GOOD GRIEF GROUP, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
<u>105 W. MAIN STREET</u>		
CITY	FLORIDA	ZIP
<u>INVERNESS</u>		<u>34450</u>
Mailing address, if different		
STREET ADDRESS		
<u>105 W. MAIN STREET</u>		
CITY	FLORIDA	ZIP
<u>INVERNESS</u>		<u>34450</u>

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	<u>RICHARD LEWIS</u>	
ADDRESS	<u>105 W. MAIN STREET</u>	
CITY	FLORIDA	ZIP
<u>INVERNESS</u>		<u>34450</u>

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 (ONE) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>RICHARD LEWIS</u>		
ADDRESS	<u>105 W. MAIN STREET</u>		
CITY	STATE	ZIP	
<u>INVERNESS</u>	<u>FL</u>	<u>34450</u>	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>RICHARD LEWIS</u>		
ADDRESS	<u>105 W. MAIN STREET</u>		
CITY	STATE	ZIP	
<u>INVERNESS</u>	<u>FL</u>	<u>34450</u>	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

The undersigned incorporator(s) have executed these Articles of Incorporation this 23 RD. day of MARCH, 2000.

x Richard Lewis (Signature)

____ (Signature)

____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

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TALLAHASSEE, FLORIDA

GOOD BRIEF GROUP, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

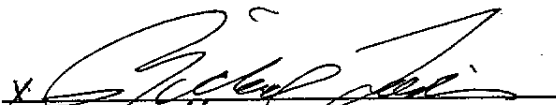
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation

at 105 W. MAIN STREET
INVERNESS, FL 34450

has named RICHARD LEWIS

located at the aforesaid address, as its registered agent to accept service of process within this
state.

Having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this certificate, I hereby accept the appointment as regis-
tered agent and agree to act in this capacity. I further agree to comply with the provisions of all
statutes relating to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.

x 
(Signature)

2-23-2000
(Date)