

PO2000130258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

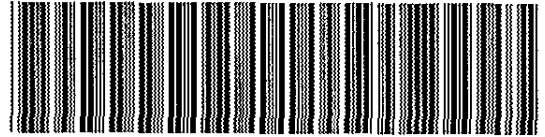
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02 DEC 11 PM 1:29
SECTION 1300 OF S. 117
DIVISION OF CORPORATIONS

T. SMITH DEC 11 2002

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

GOG Organizer INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6920 N. 50th STREET
Tampa, FL. 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity of which corporation may organized under the Genet. Corporation Laws of Florida. To be a public Service IN field of H. AND BUSINESS Premises

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Mary O. Baker --- DP
Darrell L. Baker -- VT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Darrell L. Baker
6920 N. 50th st.
Tampa, FL 33617

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary O. Baker
6920 N. 50th st.
Tampa, FL 33617

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

Darrell L. Baker
Signature/Registered Agent

11/18/02
Date

Mary O. Baker
Signature/Incorporator

11/18/02
Date

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 11 PM 1:29

TRANSMITTAL LETTER

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

SUBJECT: GOG Organizer Incorp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Mary O. Baker
Name (Printed or typed)

6920 North 50th street
Address

Tampa, FL 33617
City, State & Zip

813-985-5028
Daytime Telephone number

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