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☐ PICK-UP X WAIT ☐ MAIL
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(Business Entity Name)
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Special Instructions to Filing Officer:

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# TRANSMITTAL LETTER

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

SUBJECT: _ T	he Goodman Per (PROPOSED CORPORA	-luns Corporat	100		
- ···-	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:		
<b>D</b>	<b>—</b> •=='==	X .=	<b>1</b> 007.50		
\$70.00	\$78.75	\$78.75 Filing Fee	\$87.50		
Filing Fee	Filing Fee		Filing Fee,		
	& Certificate of Status	& Certified Copy			
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			Status		
		ADDITIONAL CO	PY REQUIRED		
		<u> </u>			
FROM:	Kimberly G. Pe	erkins			
11com	Name	(Printed or typed)			
410 Victory Garden Dr. Apt 191					
•		Address			
	Tallahossee El	32301			
	Tallahassee Fl	State & Zip	<del></del>		
		-			
	850 443-8096				
	Daytime 1	Telephone number	· v :		

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

ARTICI	ES OF	INC	ORPO	RATION

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

ARTICLE I

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The name of the corporation shall be:

The Goodman-Perkins Corporation

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

410 Victory Garden Dr. Apt 191 Tallahassee, FL 32301

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide educational and mentorship services to the community.

### ARTICLE IV

The number of shares of stock is:

1.00

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President/CEO Kimberly G. Perkins

Vice President David N. Perkins

410 Victory Garden Dr. Apt 191

Tallahassee, FL 32301

# ARTICLE VI REGISTERED AGENT

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

Trynetta N. Goodman 1800 miccosukce Commons Dr Apt 305

Tallahassee, FL 32304

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kimberly G. Perkins 410 Victory Garden Dr. Apt 191

Tallahassee FL 32301

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