

P06000050956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

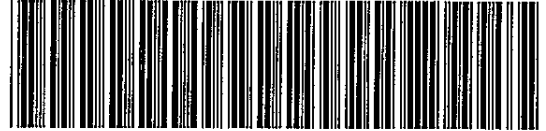
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 APR -7 P 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4-10-06

COVER LETTER

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

SUBJECT: Phil Gonin, Inc.

(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Phil Gonin

Name (Printed or typed)

11514 NW 36th Street

Address

Coral Springs, Florida 33065

City, State & Zip

754-368-1754

Daytime Telephone number

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

Phil Gonin, Inc.

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:

Phil Gonin, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11514 NW 36th Street
Coral Springs, FL 33065**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all business deemed legal in Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1000 authorized. 100 issued at this time.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Phil Gonin, Director
11514 NW 36th Street
Coral Springs, Florida 33065**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Phil Gonin
11514 NW 36th Street
Coral Springs, Florida 33065**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Phil Gonin
11514 NW 36th Street
Coral Springs, Florida 33065

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

Signature/Registered Agent

4/7/2006

Date

Signature/Incorporator

4/7/2006

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA