# Po6000057090

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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# **COVER LETTER**

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

SUBJECT: GOO	D WORK SERVICES I	VÇ.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	rinal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: S	TEVEN MCGINN		·
	Name	(Printed or typed)	
	1110 BAYWOOD AVENU	Y	
		Address	
	NORTH PORT FLA. 34288		<u> </u>
	City,	State & Zip	
	941-429-5740	en e	<u> </u>
	Daytime 1	elephone number	

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

# ARTICLES OF INCORPORATION

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

DIVISION OF	LED LUE STATE
- 06 APR 20	PM 2: 22

### ARTICLE I NAME

The name of the corporation shall be:

GOOD WORK SERVICES INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1110 BAYWOOD AVENUE, NORTH PORT, FLA. 34288

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**TECHNICAL SERVICES** 

### ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STEVEN McGINN

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

STEVEN McGINN, 1110 BAYWOOD AVENUE, NORTH PORT FLA. 34288

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEVEN McGINN 1110 BAYWOOD AVENUE, NORTH PORT, FLA. 34288

Signature/Incorporator

Date