P07099997539

(Re	equestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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08/20/07--01017--012 **87.50





COVER LETTER

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

SUBJECT: Dine Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
m 1 1				
Enclosed are an ong	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Rame (Printed or typed)				
	1985 S Orpan 1	Drive Sk. 14	J	
	Hallandale Beach	FLorida State & Zip	32009	
954-822-8774 Davtime Telephone number				

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



August 20, 2007

RAINE DYER 1985 S OCEAN DRIVE STE 14J HALLANDALE BEACH, FL 33009

SUBJECT: RAINE INCORPORATED

Ref. Number: W07000040648

We have received your document for RAINE INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Letter Number: 007A00050388

Paisley A Alford New Filing Section Division of Corporations

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME		
The name of the corporation shall be:		
Godfrey Baine, Inc.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is: 1985 S Ocean Orive		
Hallandak Kch, FC 33009	FILED 07 MUG 29 AM 9: 4 c SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:	TAS F	
all Lawful purposes	2	
, ,	<u> </u>	
ADDICED WE CHARDS	SI	
ARTICLE IV SHARES	DRAID.	
The number of shares of stock is:	D Th	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
List name(s), address(es) and specific title(s):		
Raine Dyer		
President Orive		
1985 S Olean 4 33005		
List name(s), address(es) and specific title(s): Raine Dyer President 1985 S Ocean Drive Hallandah Beach, A 33005	·	
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the re	egistered agent is:	
Raine Dyer 1986 S Dienn Drive Ste. 148 Frallandale Beach, R 33009 ARTICLE VII INCORPORATOR		
Ste. 145 Trailandale Beach, R 33009		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Raine Dur 1985 S Octan Drive Ste. 14J Hallandale Brach, PC 33005		
Hallandale Black, PL 22001		
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		
	/ /	
	7/30/2007	
Signature/Registered Agent	Date	
1)//	7/30/2007 Date 7/30/2017	
Signature/Incorporator	Date	
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