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PICK-UP	☐ WAIT ☐ MAIL				
(Business Entity Name)					
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Certified Copies	Certificates of Status				
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Special Instructions	to Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE FIGURE

T. Burch FEB. 25 2008

COVER LETTER

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

SUBJECT: GOIN	G FULLBLAST INC.		
	(PROPOSED CORPORA) inal and one (1) copy of the artic		-
□ \$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
FROM: GI	REGORY T ROBERTS	(Printed or typed)	
<u>:</u>	431 ST JOHNS DR	address	<u>.</u>
	SATELLITE BEACH, F	FL.32937 State & Zip	····
:	321-773-9858 OR 561	-329-9125 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)

2008 FEB 22 PM 4: 25

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GOING FULLBLAST INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 431 ST JOHNS DR SATELLITE BEACH, FL. 32937

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES TRAINING/MATERIAL SALES

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GREGORY T ROBERTS 431 ST JOHNS DR SATELLITE BEACH, FL. 32937

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: GREGORY T ROBERTS
431 ST JOHNS DR
SATELLITE BEACH, FL. 32937

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: GREGORY T ROBERTS 431 ST JOHNS DR SATELLITE BEACH, FL. 32937

ove stated corporation at the place designated in this and agree to act in this capacity
2-20-08
Date
2-20-08 Date