

PO8 0000 91404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

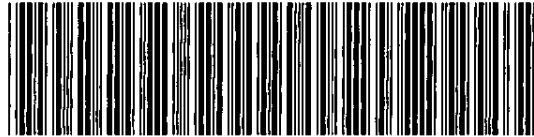
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TOLSON

[Handwritten signature]

COVER LETTER

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

SUBJECT: GET IT GOING, 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: ANNMARIE FINO
Name (Printed or typed)

1120 S.W. 127 TERRACE
Address

DAVIE, FL 33325
City, State & Zip

(954) 822-0325
Daytime Telephone 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)

ARTICLE I NAME

The name of the corporation shall be:

GET IT GOING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1120 S.W 127 TERRACE
DAVIE, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANNMARIE FINO C.E.O.
1120 S.W. 127 TERRACE
DAVIE, FL 33325

ARTICLE VI REGISTERED AGENT

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

ANNMARIE FINO
1120 S.W. 127 TERRACE
DAVIE, FL 33325

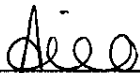
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

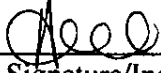
ANNMARIE FINO
1120 S.W. 127 TERRACE
DAVIE, FL 33325

*****NOTE*****DELAYED EFFECTIVE DATE OF JANUARY 1ST, 2009*****NOTE*****

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



Signature/Incorporator

10/25/2008

Date

10/25/2008

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA