P0900050529

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cil	y/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	ne)	
•	·	•	
(Document Number)			
(,		
Certified Copies	Certificates	of Status	
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:	İ	
		Ì	
1 1 10	- 23 65	- ,	
W07		`	

Office Use Only



700155927217

05/18/09--01022--011 **70.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

記 -9 P# f: -

NU CUPT

T. Burth JUNI 0 2

COVER LETTER

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

SUBJECT:	MR. GOODWOOD INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>ŪDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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 CO	PY REQUIRED	
FROM:	Name	ACKERLOTZKY (Printed or typed)		
	1600 STARLING DRIVE Address			
		OTA, FL 34231 State & Zip		
	941-	961-4478		
	Daytime T	elephone number		
	E-mail address: (to be use	for future annual report	notification)	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2009

MARK SACKERLOTZKY 1600 STARKING DRIVE SARASOTA, FL 34231 RECEIVED JUN - 9 2009

SUBJECT: MR GOODWOOD INC Ref. Number: W09000023651

We have received your document for MR GOODWOOD INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 309A00017042

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:

MR GOODWOOD INC

2009 JUN -9 PN 4: 11
SECRETARY OF STATE
TAIL AHASSEE ELOBORY

ARTICLE II PRINCIPAL OFFICE

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

1600 Starling Dr. Sarasota, FL 342

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): MARK SACKERLOTZKY, 1600 STARLING DRIVE SARASOTA, FL 34231. PRESIDENT

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: MARK SACKERLOTZKY, 1600 STARLING DRIVE, SARASOTA, FL 34231

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: DAVID COZZETTE, EA. 3910 GOLF PARK LOOP STE 2 BRADENTON, FL 34203

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

7/12/09 Data

2/19

Date