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(Re	equestor's Name)	
(Ne	questors Name)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
	—	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	_	
Special Instructions to	Filing Officer:	





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ZOO9 JUN 24 AM 10: 47
SECRETARY OF STATE

J. Shivers NN 25 703

COVER LETTER

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

SUBJECT:	Change From	0f	rea	istro	ation) Of	C	ox 6)
Enclosed is an	From original and one (1)						eck for:		
FEES:									
Certific Article	cate of Domestication as of Incorporation as domesticate and fi	nd Certifie	d Copy \$	50.00 78.75 128.75			SECRE TALLAH	2009 JU	~17
OPTIONAL:	cate of Status		\$	8.75			TARY OF	N 24 A	
Cennic	State of Status	Gulc Name	λ_{i}	Ent. or typed)	Inc	<u> </u>	FLORIDA	2009 JUN 24 AM 10: 47	Ö
	(0)		Addre	US ss	Ave				
		uned	ity, State	E Zip	1. 3	469	8		
	737	0 - 23 Daytimo	9 - e Telepho	one Numb) per				
	E-mail address	O \ e e Yto be use	d for fut	ire annua	Teport no	tification)	l·c	0m	١

CERTIFICATE OF DOMESTICATION

Th	e undersigned, Joleen Goidi, President, (Name) (Title)
of in	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby certify:
1.	The date on which corporation was first formed was Opril 22 1999
2.	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was 5 Goid Ent Inc
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Guidi Ent Inc.
5.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was
6.	Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.
	m Jolean Murdier (e) Citrus Que Dunedin Fl 34698
	d am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so	this the 19 day of June 2009,
	(Authorized Signature) A SECRETARY A SSEE
	701 C
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certified Copy Total to domesticate and file Filing Fee: \$ 50.00

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\$	ARTICLES OF INCO
	In compliance with Cha

ANTICLES OF INCORPORATION
. In compliance with Chapter 607, F.S.
ARTICLE I NAME
THE NAME OF THE CORPORATION SHALL BE
J Goid, Ent Inc
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:
THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:
61 Citrus Ave
Dunedin F1 34698
ARTICLE III PURPOSE
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
Internet & one to one marketing Business/distributorship through
Business / distributorship through
Market Nmaria
INCLUDE IV DIEMEED
THE NUMBER OF SHARES OF STOCK IS: 500
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ALE 2009
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Joleen Guidi. President Falsen Guidi. Treas. Fawrence Guidi Vice President
THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Joleen Guidi. President Toleen Guidi. Treas. Fawrence Guidi Vice President
Joleen Guidi President
Joleen Guidi. Treas. D. 1
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS TO BOX NOT ACCEPTABLE OF THE DEGISTERED AGENT IS:
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
JOLEEN GUIDI
61 citrus Ave
Dunedin F1 34698
ARTICLE VII INCORPORATOR
THE NAME AND ADDRESS OF THE INCORPORATOR IS:
Joleen Guidi
61 Citrus Ave
Dunedin F1 34698

HAVING BEEN NAMED AS REGISTERED AGENT AND 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