

P09000093045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

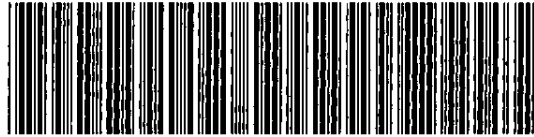
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11/13/09

## COVER LETTER

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

SUBJECT: GOODY'S COOK Shack 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: DOREEN GOODWIN  
Name (Printed or typed)

328 SUMMER CIRCLE  
Address

PALM BEACH GARDENS FL 33410  
City, State & Zip

561-630-3134  
Daytime Telephone number

DOGOODWIN@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

**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:

GOODY'S COOK SHACK INC.

## ARTICLE II PRINCIPAL OFFICE

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

328 SUMMER CIRCLE  
PALM BEACH GARDENS FL. 33410

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATE A LEGAL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DOREEN GOODWIN DIRECTOR

## ARTICLE VI REGISTERED AGENT

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

MICHAEL GOODWIN

328 SUMMER CIRCLE PALM BEACH GARDENS

## ARTICLE VII INCORPORATOR

FL. 33410

The name and address of the Incorporator is:

DOREEN GOODWIN

328 SUMMER CIRCLE PALM BEACH GARDENS

FL 33410

\*\*\*\*\*

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

Michael Goodwin

Signature/Registered Agent

Doreen Goodwin

Signature/Incorporator

11/6/09

Date

11/6/09

Date

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