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SECRETARY OF STATE
FALLAHASSEE, FLORID

EP 11/17/09

COVER LETTER

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

SUBJECT:	Good	Golly, In	C .
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate o Status
EDOM.	Mary M	ason Carroll	
FROM:	Name (Printed or typed)		
6660 143 ST N			
	Address		
	West Palm Beach, FL 33418		
	City,	State & Zip	
	561-309-2461 Daytime Telephone number		
	•	•	
	mollycarroll@bellsouth.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:

Good Golly, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 6660 143 St N, West Palm Beach, FL 33418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Stationery & gift sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mary Carroll, President

ARTICLE VI REGISTERED AGENT

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

Mary Carroll, 6660 143 St N, West Palm Beach, FL 33418

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Mary Carroll, 6660 143 St N, West Palm Beach, FL 33418

***************	***********
Having been named as registered agent to accept service of place designated in this certificate, I am familiar with and a agree to act in this capacity	
Maynicanol	11-11-09
Signature/Registered Agent	Date
Mouynoamoll Signature/Incorporator	11:11.09. Date

13 NOV 16 PM 2: 29
TALLAMASSEE, FLORIDA