

P10000054219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900182607129

06/28/10--01013--007 \*\*78.75

FILED  
10 JUN 28 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 29 10 CB

## COVER LETTER

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

SUBJECT: GOOD SENSE 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: DARYL MCCLOVER

Name (Printed or typed)

6120 S W 19 STREET

Address

NORTH LAUDERDALE

City, State & Zip

954-234-0718

Daytime Telephone number

D1MCCLOVER@HOTMAIL

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 SENSE INC.

## ARTICLE II PRINCIPAL OFFICE

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

6120 SW 19 STREET

NORTH LAUDERDALE FL 33068

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CAPITAL STOCK

## 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):

CATHY MCCLOVER	KIMBERLY DOBARD	VONNELL MCCLOVER	CATHY MCCLOVER
PRESIDENT	VICE PRESIDENT	TRESURER	SECRETARY
6120 SW 19 STREET	537 LOYOLA CIRCLE	6120 SW 19 STREET N,	6120 SW 19 STREET N,
N. LAUDERDALE FL	#29208 ORLANDO FL	LAUDERDALE FL 33068	LAUDERDALE FL 33068
33068	32828		

## ARTICLE VI REGISTERED AGENT

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

DARYL MCCLOVER

6120 SW 19 STREET

N. LAUDERDALE FL 33068


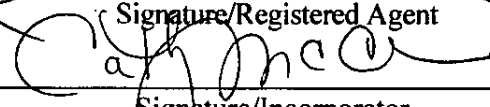
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

~~SAME~~ Cathy McClover  
6120 S.W 19th St  
N. Lauderdale, FL 33068

\*\*\*\*\*

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  
Cathy McClover

6/17/10  
\_\_\_\_\_  
Date  
6/17/10  
\_\_\_\_\_  
Date

FILED  
10 JUN 28 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA