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☐ PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates of Status			
Consist Instruction	5:0 O#			
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STAT

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COVER LETTER

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

SUBJECT: Good	Fimes at the County Line, Inc.	ATTENAME MUCTINA	VIDAD OVIDORNA
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
■ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM: W	illiam A. Aldridge Nam	e (Printed or typed)	
96	34 WEST US HWY 90		
		Address	
LA	KE CITY, FL. 32055-8057 City,	State & Zip	
38	3-590-0883 Daytime T	elephone number	
<u>FE</u>	GTBILL@YAHOO.COM		
	E-mail address: (to be use	d for future annual report r	iotification)

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)

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Good Times at the County Line, Inc.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 240 WEST US HWY 90

LAKE CITY, FL. 32055-8057

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct business in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ \$1.00 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT

William Aldridge

17133 156th Street

McAlpin, Fl. 32062

ARTICLE VI REGISTERED AGENT

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

William A. Aldridge

17133 156th Street

McAlpin, FL. 32062

ARTICLE VII INCORPORATOR

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

Diversified Services

P.O. Box 1337

Mayo, Fl. 32066

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

<u> 1174 IIC</u>

Date