## P12000055958

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	· E W N	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STAT

T. Burch JUN 2 1 2012.

## **COVER LETTER**

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

SUBJECT: MARK GOODMAN IN	С	
(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: MARK GOODMAN	e (Printed or typed)	
7307 MAKO DR	AJJ	
	Address	
HUDSON, FL 34667 City,	State & Zip	
727-480-6573  Daytime T	Telephone number	<del></del>
rneedham2@tampabay. E-mail address: (to be use	rr.com	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)

The name of the corpo	AME MARK GOODMAN INCoration shall be:	С			
ARTICLE II PI	RINCIPAL OFFICE				
	Principal street address		Maili	ng address, if di	fferent is:
<u>730</u>	7 MAKO DR	_			
	DSON, FL 34667	_			
		_			
ADDICE DE DE	mnoge				7s
ARTICLE III PU					所領る
	h the corporation is organized is:				FIL JUN 20 PRETARY AHASSE
For Profit Corpo	oration for any Lawful Purpose.				<b>₹</b> □ <b>¥</b>
					設置と当
					PH 4:
ARTICLE IV SI	HARES				
The number of shares					$\widetilde{\beta}_{\Xi}^{\omega}$ $\omega$
					· · · · · · · · ·
ARTICLE V IN	<u>IITIAL OFFICERS AND/OR DIRECTO</u>	<u>RS</u>			
Name and Title:	Mark Goodman- President	Name a	and Title:		
Address:	7307 Mako Dr	Addres	ss:		
	Hudson, Fl 34667				
Name and This		M	1.771.1		
Address:		Addres	SS:		
		<del></del>			
					<del></del>
Name and Title:		Name a	and Title		
Address:		Addres	ss:		
					_
	EGISTERED AGENT				
	a street address (P.O. Box NOT acceptable)		tered agent is:		
Name:	Roger Needham				
Address:	9035 Tournament Dr	_			
	Hudson, Fl 34667				
ARTICLE VII IN	CORPORATOR				
	s of the Incorporator is:				
Name:	Roger Needham				
Address:	9035 Tournament Dr				
	Hudson, Fl 34667	_			
	is registered agent to accept service of proce				
this certificate, I am fa	miliar with and accept the appointment as re	gistered ag	ent and agree	to act in this ca	pacity
					1 11 1-
KOGEN	1 lookham				6-16-12
	Required Signature/Registered Agent		<del></del>		6-16-12 Date
I submit this docume	nt and affirm that the facts stated herein ar	e true. I ai	m aware that	the false infor	mation submitted in a
	rtment of State constitutes a third degree felo				
		, p	J 2.02	,	1 1)
Choca 1	1 pedbom				6-16-12
- Jec 1	Required Signature/Incorporator	·		-	Date