

P12000084252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

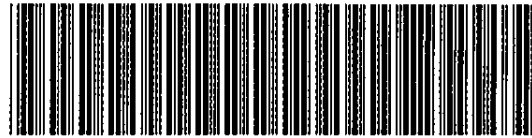
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400240004124

FILING CANCELLED
RETURNED CHECK

10/03/12--01020--012 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT -3 PM 3:05

10/4/12

COVER LETTER

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

SUBJECT: Green Dolphin Group, 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: Amanda Brown
Name (Printed or typed)
10661 Airport Pulling Road Suite 16L
Address
Naples, FL 34109
City, State & Zip
239-431-5712
Daytime Telephone number
Greendolphingroup@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

12 OCT -3 PM 3: 05

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**FILING CANCELLED
RETURNED CHECK**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

Green Dolphin Group, Inc.

12 OCT -3 PM 3: 05

ARTICLE II PRINCIPAL OFFICE

Principal street address

10661 Airport Pulling Road N

Suite 16L

Naples, FL 34109

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amanda Brown, CEO

Address: 10661 Airport Pulling Road N

Suite 16L

Naples, FL 34109

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Amanda Brown

Address: 10661 Airport Pulling Road N Suite 16L

Naples, FL 34109

ARTICLE VII INCORPORATOR

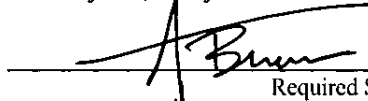
The name and address of the Incorporator is:

Name: Amanda Brown

Address: 10661 Airport Pulling Road N Suite 16L

Naples, FL 34109

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

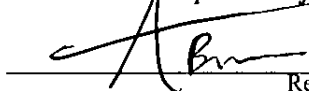


Required Signature/Registered Agent

09/06/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

09/06/2012

Date