

P13000022717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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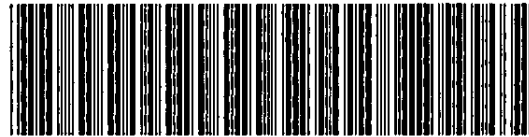
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 11 PM 4:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: **Goodwin America Corp.**

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Mark Goodwin**

Name (Printed or typed)

920 SW 21st St

Address

Fort Lauderdale, FL 33315

City, State & Zip

954-934-2016/ 954-770-1277

Daytime Telephone number

mdg4110@gmail.com

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)

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ARTICLE I NAME

The name of the corporation shall be: Goodwin America Corp.

13 MAR 11 PM 4:51

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is _____

920 SW 21st St.

Fort Lauderdale, FL 33315

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Goodwin- President

Name and Title: Catherine Goodwin- Vice President

Address 920 SW 21st St
Fort Lauderdale, FL 33315

Address: 920 SW 21st St
Fort Lauderdale, FL 33315

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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Name and Title: _____ Name and Title: 13 MAR 11 PM 4:51
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Mark Goodwin
Address: 920 SW 21st St
Fort Lauderdale, FL 33315

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Goodwin
Address: 920 SW 21st St
Fort Lauderdale, FL 33315

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 3/7/2013
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 3/7/2013
Date