

PI3000057951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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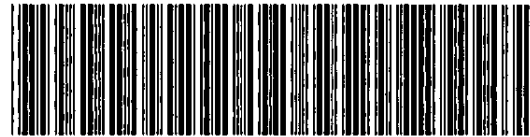
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

W13-33719
691



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2013

ROBERT JOSEPH SANCHEZ
15422 SW 284 ST APT 7108
HOMESTEAD, FL 33033

SUBJECT: GODSEND & PAIGE INC.
Ref. Number: W13000035719

RECEIVED
13 JUL -5 PM 1:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for GODSEND & PAIGE INC. and your check(s) totaling \$89.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 213A00015504

*Please Find
Corrected #
of Shares*

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: Godsend & paige INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15422 S.W. 284th apt. 7108
Homestead, FL 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Property Management, planning
building & designing of Homes thru Mediation AND
Intervention with Local Contractors. MAINTAIN
property of Home Owners AND Businesses.

ARTICLE IV SHARES

The number of shares of stock is:

~~100~~ 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert J. Sanchez president Name and Title: _____

Address: 15422 S.W. 284th Apt. 7108 Address: _____
Homestead, FL 33033

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robert J. Sanchez
Address: 15422 S.W. 284ST Apt 7108
Homestead, FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert J. Sanchez
Address: 15422 S.W. 284ST Apt 7108
Homestead, FL 33033

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DEPT OF STATE
TALLAHASSEE, FLORIDA

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

Robert J. Sanchez 6-11-13
Required Signature/Registered Agent 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.817.153, F.S.

Robert J. Sanchez 6-11-13
Required Signature/Incorporator Date