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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/11/13--01010--004 **78.75

WB 3428

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13 JUL 11 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: THE SOURCE CONNECTION 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: SILVANA PAOLA MARTINOTTI
Name (Printed or typed)

1982 MARSEILLE DR., APT #3
Address

MIAMI BEACH, FL 33141
City, State & Zip

3056096238

Daytime Telephone number

PAOLA_MARTINOTTI@GOTMAIL.COM ✓
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations



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113 JUN 24 AM 11:51



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 12, 2013

SILVANA PAOLA MARTINOTTI
1982 MARSEILLE DR APT 3
MIAMI BEACH, FL 33141

SUBJECT: THE SOURCE CONNECTION INC
Ref. Number: W13000034218

We have received your document for THE SOURCE CONNECTION INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please complete the addresses in articles VI & VII.

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.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 313A00014806



RECEIVED

13 JUL 11 PM 12:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

June 25, 2013

SILVANA PAOLA MARTINOTTI
1982 MARSEILLE DR APT 3
MIAMI BEACH, FL 33141

SUBJECT: THE GOOD SOURCE CONNECTION INC.
Ref. Number: W13000034218

We have received your document for THE GOOD SOURCE CONNECTION INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove the old name that was not available and type in the new name in article I.

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.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 313A00015949

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: The Good Source Connection, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1982 Marseille Dr, apt # 3

Miami Beach, Fl 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Silvana P. Martinotti Name and Title: Presidente

Address: 1982 Marseille Dr apt # 3 Address: _____

Miami Beach, Fl 33141

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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: SILVANA P. MARTINOTTI
Address: 1982 Marseille Dr .apt # 3
Miami Beach, FI 33141

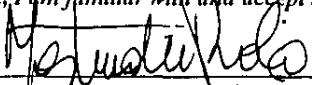
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STATE OF FLORIDA
TALLAHASSEE

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: SILVANA P. MARTINOTT
Address: 1982 Marseille Dr. apt # 3
Miami Beach, FI 33141

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

 6/6/2013
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.817.155, F.S.

 6/6/2013
Required Signature/Incorporator Date