

P/B www 846 79

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

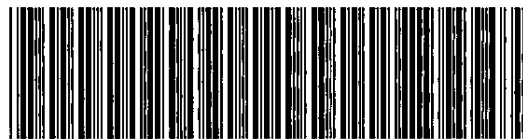
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/15/13--01041--018 **70.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 15 PM 12:08

10-15-13

COVER LETTER

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

SUBJECT: Good Moves Management Company

(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: Cher Compton

Name (Printed or typed)

525 Fifth Street, NW

Address

Naples, FL 34120

City, State & Zip

239-682-3742

Daytime Telephone number

cher_compton@yahoo.com

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Good Moves Management Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different, is:

525 Fifth St., NW

Naples, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide coordination, management and consultation of services before, during and after a move

for seniors or busy professionals.

ARTICLE IV SHARES 5

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cher Compton, CEOT

Name and Title: Rick Compton, SEC

Address 525 Fifth ST NW

Address: 525 Fifth St, NW

Naples, FL 34120

Naples, FL 34120

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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: Cherie Compton
Address: 525 Fifth St NW
Naples, FL 34120

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Cherie Compton
Address: 525 Fifth St NW
Naples, FL 34120

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 10/9/13
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 10/9/13
Date