

PA 000074991

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14 SEP -14 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE FL 32310

**COVER LETTER**

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

SUBJECT: Godwin Designs, 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: Michael Godwin  
Name (Printed or typed)

502 B Fitzgerald St  
Address

Pensacola FL 32505  
City, State & Zip

850 527-~~0000~~ 4338  
Daytime Telephone number

wizden0933@hotmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: Godwin Designs Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Michael Godwin  
502 B Fitzgerald St  
Pensacola FL 32505

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any  
lawful act or activity for which  
corporations may be organized under  
the General Corporation ~~Act~~ of  
Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 1500 shares without par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Godwin Pres Name and Title: \_\_\_\_\_

Address: 502 B Fitzgerald St Address: \_\_\_\_\_  
Pensacola FL  
32505

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SEAL  
TALLAHASSEE FL 32304

(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: Michael Godwin  
Address: 502 B Fitzgerald St  
Pensacola FL 32505

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Godwin  
Address: 502 B Fitzgerald St  
Pensacola FL 32505

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

Michael Godwin  
Required Signature/Registered Agent

8-28-14  
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.

Michael Godwin  
Required Signature/Incorporator

8-28-14  
Date

STATE  
OF  
FLORIDA  
DEPARTMENT  
OF  
STATE

SEP 14  
11:31 AM