

PA 000074991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

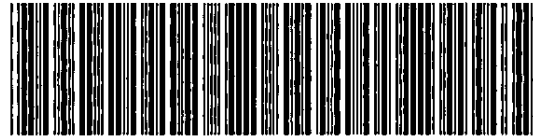
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
MAIL ASSISTANT

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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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STATE OF FLORIDA
TALLAHASSEE FL 32310

(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 _____ Date 8-28-14
 Required Signature/Registered Agent

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 _____ Date 8-28-14
 Required Signature/Incorporator

STATE OF FLORIDA
 DEPARTMENT OF STATE
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