

P14000087709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

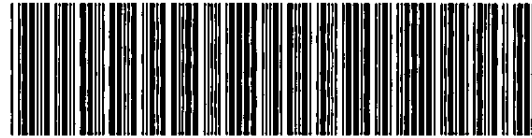
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14 OCT 28 PM 1:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

W14000055059

COVER LETTER

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

SUBJECT: **GO Counseling 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Damia Kelly**

Name (Printed or typed)

1705 17th Ave North unit B

Address

St. Petersburg Florida 33713

City, State & Zip

727-271-3807

Daytime Telephone number

damiaandoscar@gmail.com

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 28 PM 1:02

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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: Go Counseling Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4000 Gateway Center Blvd suite 200 Pinellas Park Florida 33782

Mailing address, if different is:

Po Box 7616 ST. Petersburg Florida 33734

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mental Health Counseling and Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Damia Kelly, CEO

Name and Title: _____

Address PO Box 7616 ST. Petersburg Florida 33734

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
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: Damia Kelly
Address: 1705 17th Ave North unit B
St. Petersburg FL 33713

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Damia Kelly
Address: 1705 17th Ave North unit B
St. Petersburg FL 33713

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

Damia Kelly
Required Signature/Registered Agent

9/3/2014
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.

Damia Kelly
Required Signature/Incorporator

9/3/2014
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2014

DAMIA KELLY
1705 17TH AVE NORTH, UNIT B
ST. PETERSBURG, FL 33713

SUBJECT: GO COUNSELING INC.
Ref. Number: W14000055059

We have received your document for GO COUNSELING 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 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 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.

Carol Mustain
Regulatory Specialist II

Letter Number: 614A00019238