

P.14000098777

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

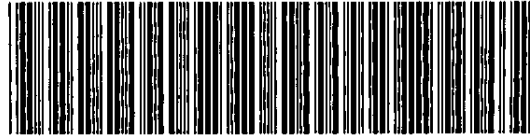
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/10/14

## COVER LETTER

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

**SUBJECT:** Good Grass, 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: Jonathan J. Martin  
Name (Printed or typed)  
6056 Raleigh St Apt 2604  
Address  
Orlando, FL 32835  
City, State & Zip  
(616) 914-1114  
Daytime Telephone number  
pnemonic1@gmail.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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ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

Good Grass, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6056 Raleigh St Apt 2604

Orlando, FL 32835

Mailing address, if different is:

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**ARTICLE III PURPOSE**

Online Retail Sales

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES 1000**

The number of shares of stock is:

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

Jonathan J. Martin, President

Name and Title:

Name and Title:

Address

6056 Raleigh St Apt 2604

Address:

Orlando, FL 32835

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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:

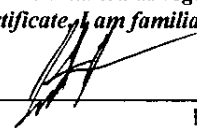
Name: Jonathan J. Martin  
Address: 6056 Raleigh St Apt 2604  
Orlando, FL 32835

**ARTICLE VII INCORPORATOR**

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

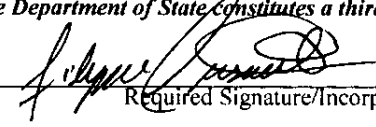
Name: Filippe Crisante  
Address: 11252 Rapallo Ln  
Windermere, FL 34786

*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*

X  \_\_\_\_\_  
Required Signature/Registered Agent

12/4/2014  
\_\_\_\_\_  
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.*

 \_\_\_\_\_  
Required Signature/Incorporator

12/4/2014  
\_\_\_\_\_  
Date

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