

P15 6000 44131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

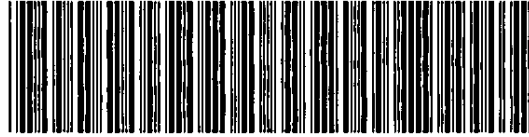
(Business Entity Name)

(Document Number)

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

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2015 MAY 12 PM 1:43

SECRETARY OF STATE  
ATTN: ASSESSOR

RCW  
\*CN 5/18/15

## COVER LETTER

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

**SUBJECT:** DoGooders Holdings 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:** Ann Kennedy  
Name (Printed or typed)  
  
247 SW 8th St., #1029  
Address  
  
Miami, Florida 33130  
City, State & Zip  
  
786-397-0142  
Daytime Telephone number  
  
annkennedy@dogoodersholdings.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: DoGooders Holdings Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

247 SW 8th St., #1029

Miami, Florida 33130

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 shares @ \$1.00 par value

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

Name and Title: Ann Kennedy, President and CEO

Name and Title: Ann Kennedy, Secretary

Address 247 SW 8th St., #1029

Address: 247 SW 8th St., #1029

Miami, FL 33130

Miami, FL 33130

Name and Title: Ann Kennedy, Treasurer

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

Address 247 SW 8th St., #1029

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

Miami, FL 33130

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: Ann Kennedy \_\_\_\_\_

Address: 247 SW 8th St., #1029 \_\_\_\_\_

Miami, FL 33130 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Ann Kennedy \_\_\_\_\_

Address: 247 SW 8th St., #1029 \_\_\_\_\_

Miami, FL 33130 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: n/a \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

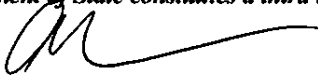


\_\_\_\_\_  
Required Signature/Registered Agent

5/8/2015

\_\_\_\_\_  
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

5/8/2015

\_\_\_\_\_  
Date