

P16000018688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

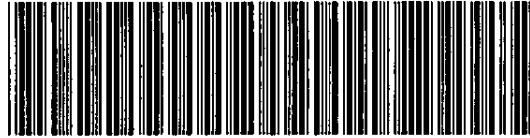
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500282231595

02/22/16--01032--002 **87.50

FILED
16 FEB 22 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cmd 3/1

COVER LETTER

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

SUBJECT: GOALKEEPERS DEPOT CORP
(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: JUAN CALE
Name (Printed or typed)
9159 SW 157TH CT
Address
MIAMI, FL. 33196
City, State & Zip
786-390-6462
Daytime Telephone number
SALC1711@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

FILED
16 FEB 22 PM 2:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: GOALKEEPERS DEPOT CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different
9159 SW 157TH CT
MIAMI, FL. 33196

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: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN CALE-P Name and Title: _____
Address 9159 SW 157TH CT Address: _____
MIAMI, FL. 33196

Name and Title: DAVID SIERRA-VP Name and Title: _____
Address 9159 SW 157TH CT Address: _____
MIAMI, FL. 33196

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: JUAN CALE
 Address: 9159 SW 157TH CT
MIAMI, FL. 33196

FILED
 16 FEB 22 PM 2:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JUAN CALE
 Address: 9159 SW 157TH CT
MIAMI, FL. 33196

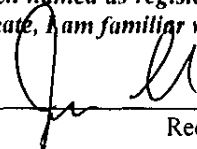
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

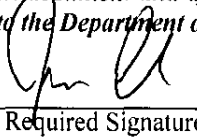
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

X  Required Signature/Registered Agent 02/01/16 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.

X  Required Signature/Incorporator 02/11/16 Date