

P17000017065

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

2 02/24/17

COVER LETTER

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

SUBJECT: GOLDIES GOODIES BAKERY, 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: RON PORAT

Name (Printed or typed)

6702 N GUNLOCK AVENUE

Address

TAMPA, FL 33614

City, State & Zip

813-870-0060

Daytime Telephone number

ARU.RON@GMAIL.COM

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

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

Goldies Goodies Bakery, Inc.
Sheree G. Ackerman, President
5335 Ehrlich Road, Unit 104
Tampa, FL 33625

February 17, 2017

Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #: P15000057270
Goldies Goodies Bakery, Inc.

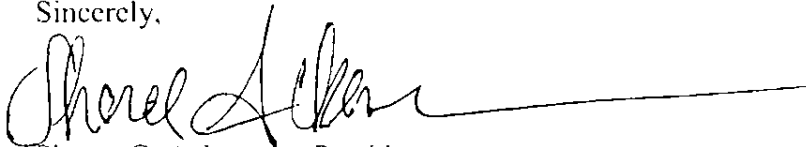
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TALLAHASSEE, FLORIDA

To Whom It May Concern:

Please let this letter serve as proof that I have no intention of revoking the dissolution of the corporation, Goldies Goodies Bakery, Inc., therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my CPA, Ron Porat, at 6702 N Gunlock Ave, Tampa, FL 33614. He can be reached via phone at 813-870-0060.

Sincerely,



Sheree G. Ackerman, President
Goldies Goodies Bakery, Inc.

SGA/db

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: GOLDIES GOODIES BAKERY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5335 EHRLICH ROAD, UNIT 104
TAMPA, FL 33625

Mailing address, if different is:

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: 7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHEREE G. ACKERMAN, PRESIDENT

Name and Title: _____

Address 5335 EHRLICH ROAD, UNIT 104

Address: _____

TAMPA, FL 33625

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

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: SHEREE G. ACKERMAN

Address: 5335 EHRLICH RD., UNIT 104

TAMPA, FL 33625

ARTICLE VII INCORPORATOR

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

Name: RON PORAT

Address: 6702 N GUNLOCK AVE

TAMPA, FL 33614

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TALLAHASSEE FLORIDA

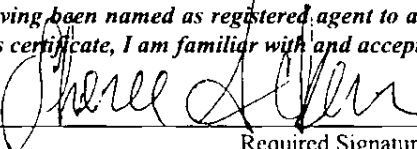
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

2/17/17

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

2/17/17

Date