

P17000021419

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

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

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

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

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Office Use Only



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FILED  
17 MAR -8 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/10/17



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17 MAR -8 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To whom this may concern,

I recently found out that my corporation was dissolved because I didn't file an annual report for 2016. I was unaware of that this had to be done as it was my first year with the corporation and I didn't receive any notifications in the mail/email. I would like to start a new corporation under the same name. I have no intentions of reinstating the previous corporation.

I have included the new Articles of Incorporation Form and a check for the Certificate of Status. Please feel free to call me if you have any questions.

The numbers associated with my corporation are: P15000060363 and Fein is 47-4601283

Thank you,  
Trish Michaels  
Founder  
Goddess Swimwear  
[trish@goddess-swimwear.com](mailto:trish@goddess-swimwear.com)  
727-239-5788

Trish Michaels 3/3/17

\* didn't file in 2016 for 2015  
Also, please let me know if I need  
to file the annual report for 2014  
this year. Thank you

## COVER LETTER

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

SUBJECT: Goddess Swimwear 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  
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: Trish Michaels  
Name (Printed or typed)  
350 Boca Ciega Drive  
Address  
Madeira Beach, FL 33708  
City, State & Zip  
727-239-5788  
Daytime Telephone number  
trish@goddess-swimwear.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**

Goddess Swimwear, INC

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

350 Boca Ciega Drive Madeira Beach FL 33708

**ARTICLE III PURPOSE**

Sale of Swimwear

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Trish Michaels Founder and Designer Name and Title: \_\_\_\_\_

Address: 350 Boca Ciega Dr Address: \_\_\_\_\_

Madaira Beach FL 33708 \_\_\_\_\_

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: Trish Michaels  
Address: 350 Boca Ciega Dr Madeira Beach FL 33708  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Trish Michaels  
Address: 350 Boca Ciega Dr Madeira Beach FL 33708  
\_\_\_\_\_

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**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*

Trish Michaels

Required Signature/Registered Agent

3/3/17

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.*

Trish Michaels

Required Signature/Incorporator

3/3/17

Date