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TALLAHASSEE, FL 32301



D O'KEEFE

APR 25 2018

W18-26775



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2018 APR -3 AM 9:48

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

March 20, 2018

LAUREN MOSELEY  
6003 S. 1ST STREET  
TAMPA, FL 33611

SUBJECT: GOLDSBOROUGH MANAGEMENT, INC.  
Ref. Number: W18000026775

We have received your document for GOLDSBOROUGH MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 218A00005597

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Goldsborough Management, 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:** Lauren Moseley  
Name (Printed or typed)

6003 S. 1ST Street  
Address

Tampa, FL 33611  
City, State & Zip

813-404-6460  
Daytime Telephone number

laurenfmoseley@gmail.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: Goldsbrough Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6003 S. 1ST Street, Tampa, FL 33611

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Marketing, Business Development and Client Acquisition

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Lauren Moseley- President/CEO

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

Address 6003 S. 1st Street, Tampa, FL 33611

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

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: Lauren Moseley

Address: 6003 S. 1st Street, Tampa, FL 33611

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lauren Moseley

Address: 6003 S. 1st Street, Tampa, FL 33611

\_\_\_\_\_

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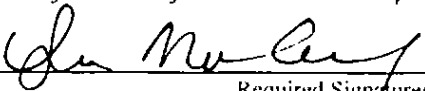
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/15/2018 (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

03-28-18  
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

03-28-18  
Date