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(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

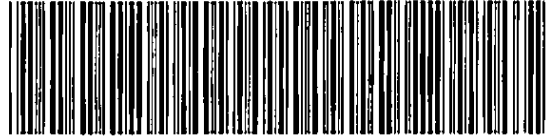
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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AUG 09 2018

T. SCOTT



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18 AUG -9 AM 11:53  
FILED  
CLERK OF SUPERIOR COURT  
STATE OF CALIFORNIA

FILED  
201 AUG -9 PM 12:12  
CLERK OF SUPERIOR COURT  
STATE OF CALIFORNIA

COVER LETTER

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

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SUBJECT: \_\_\_\_\_

GOD-geous Inc. 82-3539073  
(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: \_\_\_\_\_

LaCora Handford

Name (Printed or typed)

P.O. Box 61

Address

Tallahassee, Florida 32302

City, State & Zip

850.508.2411

Daytime Telephone number

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

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

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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: GOD-geous Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2344 Tuscanilk Road  
Tallahassee, Florida. 32312

P.O. Box 61  
Tallahassee, Florida. 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Apparel, Consulting, Planning  
Events & More - For All GOD-geous Women.

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AUG - 9 PM 12:12  
CLERK OF COURT  
JULY 20 2009

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LaCora Handsford - Founder/CEO  
Address: P.O. Box 61  
Tallahassee, FL 32302

Name and Title: Christophe B. Levens Jr. President  
Address: P.O. Box 61  
Tallahassee, FL 32302

Name and Title: LaCorey B. Levens V. President  
Address: P.O. Box 61  
Tallahassee, FL 32302

Name and Title: Temberly Mitchell - Secretary  
Address: P.O. Box 61  
Tallahassee, FL 32302

Name and Title: Lewis B. Handsford Manager  
Address: P.O. Box 61  
Tallahassee FL 32302

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

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due to returned check

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:

LaCoria Handford

Address:

2344 Tuscarilla Rd  
Tallahassee, FL 32302

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

LaCoria Handford

Address:

P.O. Box 61  
Tallahassee, FL 32302

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8.9.18 (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

8.9.18  
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

8.9.18  
Date