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COVER LETTER

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

SUBJECT: GOOD CAS TO (PROPOSED CORPORA)	50, Inc.			
(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED			
FROM: PERRY MARGOUS Name 3798 W. INTERNA DAYTONA BLA. City. S.	ATIONAL SECON IC 32/24 State & Zip	WAY BCVD,		
Daytime Telephone number				
E-mail address: (to be used		atification)		
n-man address: (to be used	nor ruture annual report n	iourication)		

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 corporati	on shall be: GOOD EATS T	à Go INC	· .	
	PAL OFFICE rincipal street address	(ulling address, if different is	S:
3798 W.	INT'L SPOWY. BLUD		AME	
DAYTONA	BCH. FL. 32124			
ARTICLE III PURPO. The purpose for which th	SE e corporation is organized is:	FESSIONAL	Corporati	<u>ه</u> ک
			9	الاالاالا
				무 유 유 유
				CHAPTER I
				1 E.
	TERY MANGOLIS P	Name and Title: Address:		
Name and Title:		Name and Title:		
Address				
Name and Title:		_		
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: PERRY MARGOLIS	19 20 35				
Address: 3798 W. INTO Special	Au				
BLUD, DAYTONA BCH FC	32124				
ARTICLE VII INCORPORATOR	7: 0 Mar.				
The <u>name and address</u> of the Incorporator is:					
Name: SAME					
Address:					
ARTICLE VIII EFFECTIVE DATE:					
Effective date, if other than the date of filing:					
filing.)	t be more than live days prior of 30 days after the				
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	3/29/19				
	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.					
Lew Marshin	3/29/19				
Required Signature Incorporator	Date				