

P19090082193

NICK SPALLIN

(Requestor's Name)

2202 N. West Shore Blvd #200

(Address)

TAMPA 33607

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

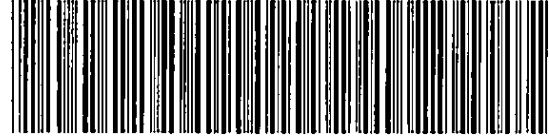
(Business Entity Name)

(Document Number)

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2019 NOV -5 AM 8:55 2019 NOV -5 AM 10:20

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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: GOMAX INDUSTRIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

531 S Flagler Ave. Unit

Unit B-16

Pompano Beach FL 33060

Mailng address, if different is:

531 S Flagler Ave Unit

Unit B-16

Pompano Beach FL 33060

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 COMMON STOCK AT \$10 PAR

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

Name and Title: SCOTT FITZPATRICK D.P.S.T

Address 4641 N. Ocean Dr.

Lauderdale By The Sea, FL 33308

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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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: SCOTT FITZPATRICK  
Address: 531 S Flagler Ave. Unit B-16  
Pompano Beach FL 33060

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

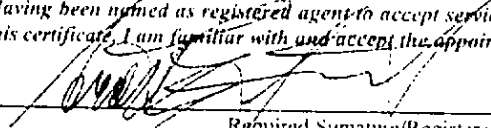
Name: SCOTT FITZPATRICK  
Address: 4641 N. Ocean Dr.  
Lauderdale By The Sea, FL 33305

**ARTICLE VIII EFFECTIVE DATE:**

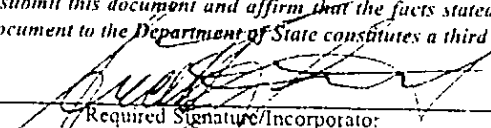
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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  
11/01/2019  
\_\_\_\_\_  
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:  
11/01/2019  
\_\_\_\_\_  
Date