

P2 00000 72265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

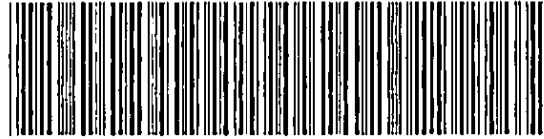
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/14/20--01006--006 **70.00

2020 SEP 14 PM 1:41

2020 SEP 15 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N C 1111

SEP 1

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

See the Good Side, Inc.

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: SETH

Time _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

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

SUBJECT: SEE THE GOOD SIDE, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: KEVIN DEGNAN

Name (Printed or typed)

339 SW 30TH TERRACE

Address

DEERFIELD BEACH, FL 33442

City, State & Zip

954-421-7429

Daytime Telephone number

DEG52@AOL.COM

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2020

CAPITAL CONNECTION, INC

SUBJECT: SEE THE GOOD SIDE, INC.
Ref. Number: W20000105007

We have received your document for SEE THE GOOD SIDE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 920A00017478

Note to Specialist:

Applicant meant to file for profit" but used the wrong form. Filed "not for profit" by mistake.

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: SEE THE GOOD SIDE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2436 NORTH FEDERAL HIGHWAY #359
LIGHTHOUSE POINT, FL 33064

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is: 300 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VINCENT LASORSA, PRES.

Name and Title: _____

Address 2625 NE 25TH ST
LIGHTHOUSE POINT, FL 33064

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: VINCENT LASORSA
Address: 2625 NE 25 ST
LIGHTHOUSE POINT, FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VINCENT LASORSA
Address: 2625 NE 25 ST
LIGHTHOUSE POINT, FL 33064

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TALLAHASSEE, FL

FILED

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5DAYS PRIOR TO 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

Vincent Lasorsa

Required Signature/Registered Agent

9/15/2020

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.

Vincent Lasorsa

Required Signature/Incorporator

9/15/2020

Date