

P21000049690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

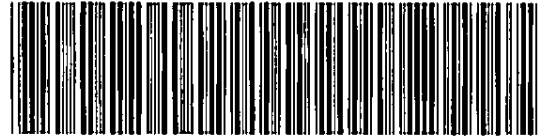
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COVER LETTER

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

SUBJECT: Good Times Venture, 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 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: Manuel Caballer
Name (Printed or typed)

3614 Wimbledon Ln
Address

Davenport FL 33837
City, State & Zip

(407) 686-6649
Daytime Telephone number

goodtimesventureinc@outlook.com
E-mail address: (to be used for future annual report notification)

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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: Good Times Venture, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 3614 Wimbledon Ln
Davenport, FL 33837

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to carry out operations with any act or legal activity by which corporations are constituted according to the General Law of Corporations under the Government of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Manuel Caballer, President</u>	Name and Title: <u>Ilia Mercado, Secretary</u>
Address: <u>3614 Wimbledon Ln</u> <u>Davenport, FL 33837</u>	Address: <u>3614 Wimbledon Ln.</u> <u>Davenport, FL 33837</u>

Name and Title: <u>Ilia Mercado, Vice-President</u>	Name and Title: _____
Address: <u>3614 Wimbledon Ln</u> <u>Davenport, FL 33837</u>	Address: _____

Name and Title: <u>Manuel Caballer, Treasurer</u>	Name and Title: _____
Address: <u>3614 Wimbledon Ln</u> <u>Davenport, FL 33837</u>	Address: _____

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Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Manuel Caballer
Address: 3614 Wimbledon Ln
Davenport, FL 33837

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TAMPA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Manuel Caballer
Address: 3614 Wimbledon Ln
Davenport, FL 33837

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

Manuel Caballer
Required Signature/Registered Agent

4/22/2021
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.

Manuel Caballer
Required Signature/Incorporator

4/22/2021
Date