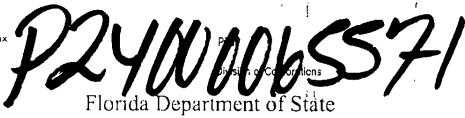
Oct 22 2024 16:20 HP Fax

S. C. W.



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Account Number : 120100000009

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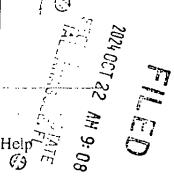
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Electronic Filing Menu Corporate Filing Menu



ARTIC	CLE I NAME	GODAVI	O INC		
The nar	me of the corporati	on shall be:		· ·	
	CLE II PRINC	IPAL OFFICE			
		Principal street address		Mailing ad	dress, if different is:
6240	NW 173rd Stre	et, Apt. 1021			
Miami	i <u>, Florida 33015</u>				
ARTIC	LE III PURPO	<u>SE</u>	rand all Láùdu	ıl Business	
i ne pui	rpose for which th	e corporation is organized is: Any	alc all cawle	ii Dusii less.	· · · · · · · · · · · · · · · · · · ·
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48725 Name a	nd Title:	Name and Title:	
Thr 9: Addres	s		
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of Goemmier Davis 6240 NW 173rd Street, Apt. 1021	- 11 () () () () () () () () ()	
	Miami, Florida 33015	2024 OC	स्प्रमृ
He .gree <u>ARTICLE VII</u>	<u>INCORPORATOR</u>	2024 OCT 22	exact desired treat
The name and a	ddress of the Incorporator is:	$\tilde{\sigma}$	1
Name:	Goemmier Davis	C , A	1
Address:	6240 NW 173rd Street, Apt. 1021		· in
	Miami, Florida 33015		
Effective date, if (If an effective diling.) Note: If the date		ot be more than five days prior or 90 days after the statutory filing requirements, this date will not be listed	
Having been nam certificate, I am f	ned as registered ugent to accept service of process formiliar with and accept the appointment as register	or the above stated corporation at the place designated in the place designated in this capacity.	in thi
-	شنب	10-17-2024	
35 x 1	Required Signature/Registered Agent	Date	
I submit this doc document to the I	ument and affirm that the facts stated herein arc Department of State constitutes a third degree felon	true. I am aware that the false Information submitted as provided for in s.817.155, F.S.	d in d
	to g	10-17-2024	

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ARTON DOCUMENT ROC SARING TOWOR YOVEW MARKS

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