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(Requestor's Name)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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2020 NOV -3 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DROGOLD Jewelry, 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: Marilyn Gomez, CPA
Name (Printed or typed)

15465 SW 288 ST. - # A-107
Address

Homestead, FL 33033
City, State & Zip

(786) 337-0052
Daytime Telephone number

Marilyn0214@outlook.com
E-mail address: (to be used for future annual report notification)

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: OROGOLD Jewelry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
600 SW 9 Avenue - # 3
Miami, FL 33130

Mailing address, if different is:
SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Buy and Sell Jewelry.

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ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zoraida Liranza-Muleti President
Address: 600 SW 9 Avenue # 3, Miami, FL 33130

Name and Title: Zoraida Liranza-Muleti Treasurer
Address: 600 SW 9 Avenue # 3, Miami, FL 33130

Name and Title: Zoraida Liranza-Muleti Vice-President
Address: 600 SW 9 Avenue # 3, Miami, FL 33130

Name and Title: Zoraida Liranza-Muleti Secretary
Address: 600 SW 9 Avenue # 3, Miami, FL 33130

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: Zoraida Liranza-Mulet

Address: 600 SW 9 Avenue - #3

Miami, FL 33130

ARTICLE VII INCORPORATOR

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

Name: Zoraida Liranza-Mulet

Address: 600 SW 9 Avenue - #3

Miami, FL 33130

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

(Y) _____ 09/16/20

Required Signature/Registered Agent 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.

(Y) _____ 9/16/20

Required Signature/Incorporator Date