

F10000003094

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000157744 3)))



H100001577443ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Golden Age Resources Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

2010 JUL - 8 P 4:38

FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Golden Age Resources Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevada

(State or country under the law of which it is incorporated)

3. 13-4367670

(FEI number, if applicable)

4. April 4, 2000

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 375 N. Stephanie St. - Suite 1411 Henderson, NV 89014-8909

(Principal office address)

166 Thornton Dr., Palm Beach Gardens, FL 33418

(Current mailing address)

8. IN HOME HEALTH AND ASSISTED LIVING REFERRAL SERVICE

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Graham Lamer

Office Address: 166 Thornton Dr

Palm Beach Gardens, Florida 33418

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
2010 JUL -8 P 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Haroula T LarmerAddress: 375 N. Stephanie St. - Suite 1411Henderson NV 89014-8909Vice Chairman: Thomas SmithAddress: 375 N. Stephanie St. - Suite 1411Henderson NV 89014-8909Director: Christine SmithAddress: 375 N. Stephanie St. - Suite 1411Henderson NV 89014-8909Director: Ken BoudlierAddress: 375 N. Stephanie St. - Suite 1411Henderson NV 89014-8909

B. OFFICERS

President: Thomas SmithAddress: 375 N. Stephanie St. - Suite 1411Henderson NV 89014-8909

Vice President: _____

Address: _____

Secretary: Haroula T LarmerAddress: 375 N. Stephanie St. - Suite 1411. Henderson NV 89014-8909Treasurer: Graham LarmerAddress: 375 N. Stephanie St. - Suite 1411. Henderson NV 89014-8909

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

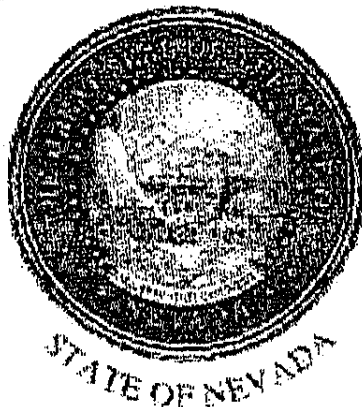
13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

HAROLA T. LARMER, PRES. / Chairman
(Typed or printed name and capacity of person signing application)FILED
200 JUL - 8 P 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE


CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation sales, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GOLDEN AGE RESOURCES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 4, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 8, 2010.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20100708-2317
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL - 8 P 4: 38