

# F 12000000828

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.**

(((H12000049085 3)))



H120000490853ABC5

**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) 617-6391

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

**\*\*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 FORK CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

12 FEB 24 AM 7:28

DIVISION OF CORPORATIONS

511-50

2012 FEB 24 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Gathers FEB 27 2012

## 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 soles, 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 FORK CORPORATION**, 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 December 22, 2009, 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 February 23, 2012.



*[Signature]*  
ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20120223-2173  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

2012 FEB 24 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

**1. GOLDEN FORK CORPORATION**

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

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

**2. NV**

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

**3. 68-0680859**

(FEI number, if applicable)

**4. 12/22/2009**

(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. 300 S. Pine Island Road, Suite 305, Fort Lauderdale, FL 33324**

(Principal office address)

**300 S. Pine Island Road, Suite 305, Fort Lauderdale, FL 33324**

(Current mailing address)

**8. temporary staffing industry**

(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: VCorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie

(City)

, Florida

33314

(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.

2012 FEB 24 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**A. DIRECTORS**Chairman: Alfonso J. CervantesAddress: 590 Madison Avenue, Suite 2127  
New York, New York 10022Vice Chairman: Alan HartleyAddress: 590 Madison Avenue, Suite 2127  
New York, New York 10022

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: Alfonso J. CervantesAddress: 590 Madison Avenue, Suite 2127  
New York, New York 10022Vice President: Allan HartleyAddress: 590 Madison Avenue, Suite 2127  
New York, New York 10022Secretary: Alfonso J. CervantesAddress: 590 Madison Avenue, Suite 2127, New York, New York 10022Treasurer: Adam WassermanAddress: 590 Madison Avenue, Suite 2127, New York, New York 10022

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. A.J. CERVANTES, President

(Typed or printed name and capacity of person signing application)