

F19000002033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

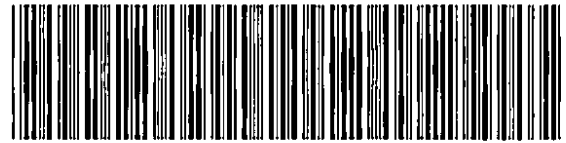
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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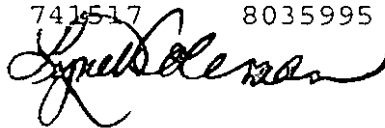
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY

APR 29 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 741517 8035995
AUTHORIZATION : 
COST LIMIT : \$ 3,437.50

ORDER DATE : April 25, 2019
ORDER TIME : 1:05 PM
ORDER NO. : 741517-005
CUSTOMER NO: 8035995

FOREIGN FILINGS

NAME: GOLD LAKE INVESTMENTS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLD LAKE INVESTMENTS INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
FRANK O SOCARRAS, CPA

Name of Person

SOCARRAS & ASSOCIATES

Firm/Company

9769 SOUTH DIXIE HIGHWAY SUITE 101

Address

PINECREST FL 33156

City/State and Zip code

MAYDA@SOCARRASCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK O SOCARRAS

at (305) 420-5326

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

GOLD LAKE INVESTMENT'S INC

1. _____
(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. CAYMAN ISLANDS 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 22, 1997 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 2000
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. C/O SOCARRAS & ASSOCIATES
(Principal office address)
9769 SOUTH DIXIE HIGHWAY SUITE 101 PINECREST FL 33156
(Current mailing address, if different)

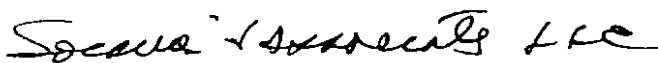
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SOCARRAS & ASSOCIATES, LLC

Office Address: 9769 SOUTH DIXIE HIGHWAY SUITE 101
PINECREST, Florida 33156
(City) (Zip code)

9. 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)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: BERNARDO C DIAS

Address: C/O SOCARRAS & ASSOCIATES

9769 SOUTH DIXIE HIGHWAY SUITE 101 PINECREST FL 33156

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____


Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Bernardo Dias - Director

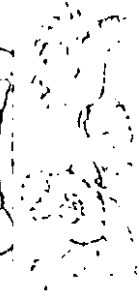
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

IC-75861

Certificate Of Good Standing

TO WHOM-IT-MAY CONCERN

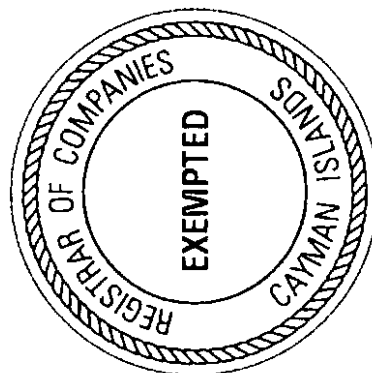


I DO HEREBY CERTIFY that

GOLD LAKE INVESTMENTS INC.

a company duly organised and existing under and by virtue of the Laws of The Cayman Islands is at the date of this certificate in Good Standing with the office, and duly authorised to exercise therein all the powers vested in the company.

Given under my hand and Seal at George Town in the
Island of Grand Cayman this 24th day of April
Two Thousand Nineteen



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TALLAHASSEE, FLORIDA

An Authorised Officer,
Registry of Companies,
Cayman Islands.