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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GOLD'S ANGELS GROUP. I	NC.			
Name o	f corporation - m	ust include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Standing	g" and check are submitte	usiness in Florida," ed to register the	
Please return all correspondence concerni	ng this matter to t	he following:		
Daniel Afi Davidoff				
	Name of Pers	son		
GOLD'S ANGELS GROUP, INC.				
	Firm/Compan	у		
12550 Biscayne Blvd, 3rd floor,				
	Address			
North Miami, FL 33181			<u> </u>	
	City/State and 2	Lip code		
goldsangelsgroup@gmail.com				
E-mail address	: (to be used for f	uture annual report notif	neation)	
For further information concerning this m	atter, please call:			
Daniel Afi Davidoff	at (929) 214-1358			
Name of Person	Area Code	Daytime Telephon	e Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		Registration Section Division of Corports P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following am Please make check payable to: FLORIDA D \$70.00 Filing Fee \$78.75 Filin Certificate	EPARTMENT OF Significant properties of the Fee & \$\ins\$\$	F STATE 78.75 Filing Fee & Ü 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.

(If name unavaila	ble in Florida, enter alternate corporate name adop	oted for the purpose of transacting business in Florida)	
NEW YORK, U	NITED STATES 3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
07/23/2014	5	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
02/17/2022 5			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)	
, 12550 Biscayne F	Blvd, 3rd floor, North Miami, FL 33181		
·	(Principal office s	treet address)	
		7. 23	
	(Current mailing ac	ldress, if different)	11
	CEL 11 reciprored county (B.O. P.	av MOT aggentable)	TILEU
S. Name and stree	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptancy	[[
Name:	Daniel Afi Davidoff		
Office Address:	12550 Biscayne Blvd, 3rd floor,	- Cor	' သ
•	North Miami	, Florida	.)
	(City)	(Zip code)	
Having been nan	ent's acceptance: aed as registered agent and to accept service of	of process for the above stated corporation at the process for the above stated corporation at the capa	place city I
	i application, I nereby accept the appointmen	it as registered agent and agree to act in this capa- tive to the proper and complete performance of m	y dutie:

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.

□Chairman	Daniel Afi Davidotf Name:	□Chairman	Name:	
□Vice Chairman	Address:Blvd, 3rd floor,	□Vice Chairman	Address:	_
□Director	North Miami, FL 33181	□Director		
■President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		Treasurer
□Other	□Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
Other	Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other		□Other
Important Notice:	Use an attachment to report more than six (6). The	attachment will be imagirtment of State Annual R	ed for reporting	g purposes only. Non-ind
	Signature of Directector signing this document (and who is listed in nu			

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

GOLD'S ANGELS GROUP, INC.

DOS ID Number:

4610992

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

07/23/2014

Statement Status:

CURRENT

Statement Due Date:

07/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 09, 2022 at 10:22 A.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Highson

By Brendan C. Hughes

Executive Deputy Secretary of State

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