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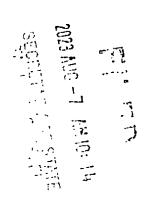
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GOLD CRAFTERS INC		
Name of corporation	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	anding" and check are submitted to register the	
Please return all correspondence concerning this matter	er to the following:	
SOFIA M. BROWN		
Name o	f Person	
GOLD CRAFTERS INC		
Firm/Co	mpany	
724 ARBOR GLEN CIR APR-101		
Add	lress	
LAKELAND FL 33805		
City/State	and Zip code	
GOLDGRAFTERSINC@GMAIL.COM		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
FABIOLA BROWN 863	210-1696	
Name of Person Area Co	de Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMEN \$\mathbb{X}\$ \$70.00 Filing Fee \$\mathbb{X}\$ \$78.75 Filing Fee \$\mathbb{C}\$ Certificate of Status	ET OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee. Certified Copy 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.

(ible in Florida, enter alternate corporate nair	me adopted for the purpose of transacting business in Florida	
VIRGINIA	<u>.</u>	52-225243	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
2009		5.	
(Date	of incorporation)	5. (Date of duration, if other than perpetual)	
N/A			
58 BATTI FEIFI		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
JO DATTELLINE		office street address)	
724 ARBOR GL	EN CIR #101 LAKELAND FL 33805		
	(Current mai	tiling address, if different)	
Name and stree	et address of Florida registered agent: (F	P.O. Box NOT acceptable)	
ffice Address:	724 ARBOR GLEN CIR #101		
	LAKELAND	, Florida 33805 (Zip code)	
	(Citv)	(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.

Softer Brown
(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.

A. DIRECTORS				
□Chainnan	Name: MARIO R. JARA	□Chairman	Name:	
□Vice Chairman	58 BATTLEFIELD DR Address:	□ Vice Chairman	58 BATTLEFIELD DR Address:	
□ Director	CHARLES TOWN WV 25414	□Director	CHARLES TOWN WV 25414	
President		□President		
□Vice President		■ Vice President		
□ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	[lOther	[]Other	Other	
□Chairman □Vice Chairman □Director	Name: FABIOLA BROWN Address: 724 ARBOR GLEN CIR #101 LAKELAND FL 33805	□Chanman □Vice Chairman □Director	Name:	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary	□Treasurer	
OFFICE OFFICE	ASST	□Other	□Other	
⊡Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		☐Director		
□President		ElPresident		
□Vice President		□Vice President	- <u></u>	
□ Secretary	☐Treasurer	☐ Secretary	☐ Treasurer	
l∃Other	□ Other	[]Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer				
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.				

Communication all the Hirginian



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Gold Crafters, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 5, 2001:

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

ORATION COLUMNSSION NOT THE PROPERTY OF THE PR

Signed and Sealed at Richmond on this Date:

July 31, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2023073119064409