

N110000007025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

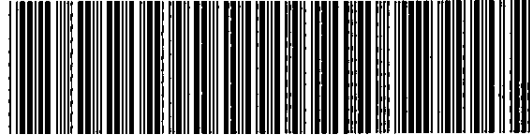
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/25/11--01051--015 \*\*78.75

FILED  
11 JUL 25 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
7/26

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Golden Years IT inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Christopher Stearns

Name (Printed or typed)

9109 Montevello Drive

Address

Orlando, Florida, 32818

City, State & Zip

(843)-906-5385

Daytime Telephone number

cstearns1982@gmail.com

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

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**FILED**

11 JUL 25 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Mailing address, if different is:

**ARTICLE I NAME** Golden Years IT Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

9109 Montevello  
Orlando FL 32818

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To give senior citizens the opportunity to connect to the world with the use of computers. By mentoring computer skills needed to connect to their loved ones, friends and benefits located on the World Wide Web.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Cumulative voting

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christopher Stearns  
Address: CEO  
9109 Montevello Drive  
Orlando FL 32818

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Lilibetee Nunez  
Address: CFO  
1059 S Hiawassee RD #1812  
Orlando FL 32835

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Luis Ayuso  
Address: CTO  
8464 Baywood Vista Drive  
Orlando FL 32810

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

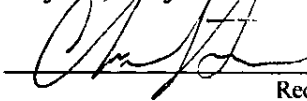
Name: Christopher Stearns  
Address: 9109 Montevello Drive  
Orlando FL 32818

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Christopher Stearns  
Address: 9109 Montevello Drive  
Orlando FL 32818

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

7/22/2011  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

  
Required Signature of Incorporator

7/22/2011  
Date