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01/15/09--01036--012 \*\*78.75

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2009 JAN 15 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 14, 2009

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


**Re: Golden Key Associates, Inc.**

Gentlemen:

Enclosed, please find the original and one copy of Articles of Incorporation with my check in the amount of \$78.75.

This payment represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

  
Ida R. Muorie, President

**Ida R. Muorie**  
**863 Assembly Ct.**  
**Reunion, FL 34747**

**(941) 228-4288**

**ARTICLES OF INCORPORATION**  
**For**  
**GOLDEN KEY ASSOCIATES, INC.**

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

**GOLDEN KEY ASSOCIATES, INC.**

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

**863 ASSEMBLY CT.  
REUNION, FL 34747**

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

**1,000**

ARTICLE IV CLASS OF STOCK

**THERE IS ONLY ONE CLASS OF STOCK.**

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**TALLAHASSEE, FLORIDA**

**ARTICLE V INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

**IDA R. MUORIE  
863 ASSEMBLY CT.  
REUNION, FL 34747**

**ARTICLE VI OFFICERS**

THE INITIAL CORPORATE OFFICERS ARE:

**IDA R. MUORIE, PRESIDENT**

**ARTICLE VII EFFECTIVE DATE**

THE EFFECTIVE DATE OF THE CORPORATION SHALL BE THE:

**JANUARY 14, 2009**

**ARTICLE VII INITIAL REGISTERED AGENT**

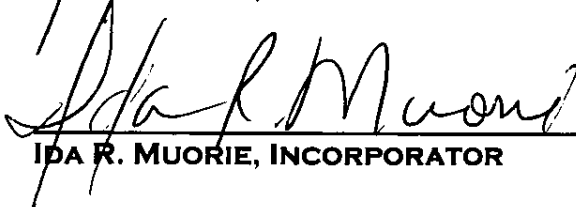
THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

**IDA R. MUORIE  
863 ASSEMBLY CT.  
REUNION, FL 34747**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



**IDA R. MUORIE, REGISTERED AGENT**



**IDA R. MUORIE, INCORPORATOR**

01/14/09  
DATE

01/14/09  
DATE

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TALLAHASSEE, FLORIDA

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