P11000022926

(Pa	equestor's Name)				
(Ne	questors Name)				
(Ad	dress)				
(Ad	dress)				
		·			
(Cil	ty/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer				
Special instructions to	riling Officer.				
v					
		_			
NOC	UP7 -)			
	,				

Office Use Only



800196740608

03/04/11--01008--007 **70.00

2011 HAR -4 PH 4: 41

COVER LETTER

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

SUBJECT: GOLDEN WALLS DESIGN & BUILD INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: MINH THANH NGUYEN	(Printed or typed)
8539 GATE PKWY WES	ST. #9429 Address
JACKSONVILLE, FLOF	RIDA 32216 State & Zip
206-861-9197 OR Daytime Te	904 -442-8620 clephone number
DEARMINH@GMAIL.CO E-mail address: (to be used	M for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

NAME

ARTICLE I	NAME	GOLDEN WALLS	DESIGN &	BUILD, INC.		
The name of the	corporation shall b	e:				
ARTICLE II	PRINCIPAL	OFFICE				
	Principal:	street address		Mailing addr	ess, if different is:	
	8539 GATE F	PKWY WEST, # 9429				
	JACKSONVIL	LE, FL 32216				
			_			
ARTICLE III	PURPOSE				do den	
		ation is organized is:			22 22	
CÓNSTRU	CTION CONT	RACTING AS A GEN	NERAL CON	ITRACTOR		
					4	
ARTICLE IV	SHARES					
		99 (NINETY NINE)				
		,			₹ -	
		FICERS AND/OR DIREC			,	
		NGUYEN, DIRECTOR				
Address:	8539 GA	TE PKWY WEST, #94	29 Address			
	JACKSO	NVILLE, FL 32216				
			····			
Name and	Title:		Name at	nd Title:		
Address:			Address	:		
	· · · · · · · · · · · · · · · · · · ·					
N1	Tide		> 1	1.771.1		
Name and Address:	ritte:		Name ar	na i me:		
Addices.	-		Address	·		
						
	•					
	REGISTERE		115 6.1	•		
Name:		ress (P.O. Box NOT acceptal	ble) of the registe	red agent is:		
Address:		NGUYEN	0400			
Addicss.		ATE PKWY WEST, #9 ONVILLE, FL 32216				
	<u> MACAKA</u>	CHARLE, EL DEZ IO				
ARTICLE VII	INCORPORA	<u>lTOR</u>				
The name and a	iddress of the Inco	rporator is:				
Name:		NGUYEN				
Address:		ATE PKWY WEST, # 9	9429_			
	JACKS	ONVILLE, FL 32216				
Havina heen na	med as registered	agent to decent service of n	rocess for the al	hove stated cornora	tion at the place designated i	91
this certificate. I	am familiar with	and accordine appointment	as revistered ave	nt and agree to act i	n this canacity	
,	•					
	/	'		_	MAR 01, 201	1
	Require	ed Manature/Registered Agen			MAR 01, 201	
					244	
I submit this do	cument and affiri	h that the facts stated herei	in are true. I an	ı aware that the fal.	se information submitted in	а
document to the	Department of Sta	ute constitutes athird degree	felony as provid	led for in s.817.155, .	F.S.	
	/					,
	/	/////M		-	MAR 01, 2011	/
	Requi	red signature/Incorporator			Date	
	, ,	/ /				