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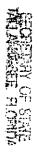
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COVER LETTER

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

SUBJECT: Got Gold.Biz, Inc.	
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
·	
FROM: Shawn Schuler Nam	ne (Printed or typed)
9030 Ridgeland Dr	Address
Miami, FL 33157	, State & Zip
305-720-8033 Daytime	Telephone number
info@gotgold.biz / E-mail address: (to be use	ed 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)

ARTICLE I The name of the corp	Got Gold.Biz, Inc.			
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing a	address, if different is:	
90	30 Ridgeland Dr		·	
Mi	ami, FL_33157			
<u> </u>				
ARTICLE III P				
Scrap Metals	ch the corporation is organized is:			
Scrap Metais				
				- \(\frac{1}{2} - \frac{1}{2} \)
ARTICLE IV S				
The number of shares	s of stock is: 1000		5º 19	
	NITIAL OFFICERS AND/OR DIRECTORS		型作 の	
Name and Title	e:Shawn Schuler President	Name and Title:	· <u> </u>	
Address:	9030 Ridgeland Dr	Address:		
	Miami, FL 33157	·		
		·		
Name and Title	e: Nicole Black Vice President	Name and Titles		
Address:	9030 Ridgeland Dr	Address:		
, Address.	9030 Ridgeland Dr Miami, FL 33157	Address.		
4	Marini L C 00 10 1 .	· · · · · · · · · · · · · · · · · · ·		
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Name and Title	et <u>१० १ । ५ में क</u> ियामान्यात् है । । । । । । । । । । । । । । । । । ।	Name and Title:		
Address:		Address:	•	
	POICEPPP ACENT			
	EGISTERED AGENT	sha maalatamad aaamt is.		
Name:	da street address (P.O. Box NOT acceptable) of Shawn Schuler	ine registered agent is:		
Address:				
Addiess.	9030 Ridgeland Dr Miami, FL 33157			
	IVIIAIIII, FL 33137			
ARTICLE VII I	NCORPORATOR			
The name and addre	ess of the Incorporator is:			
Name:	Shawn Schuler			
Address:	9030 Ridgeland Dr			
	Miami, FL 33157			
	as registered agent to accept service of process			n
inis cerujicate, i am j	familiar with and accept the appointment as regis	stered agent and agree to a	ict in this capacity	
			411	
	100		<u> </u>	
	Kequired Signature/Registered Agent	•	bate /	
Tour fronts at the state	a sa sa wakanin sa mana k			
I SUDMIL THIS docum	ent and affirm that the facts stated herein are i	rue. I am aware that the	jaise information submitted in	а
aocument to the Dep	artment of State constitutes a third degree felony	us proviaea for in s.817.1;	03, F.S.	
	/1			
	/ ju		<u> 4/1/m</u>	
	Required Signature/Incorporator		/ Date	