## P12000022939

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	hv.



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EGRETARY OF STATE

**EBureh MAR** 8 2012

## **COVER LETTER**

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

SUBJECT:	GOLDEN TR	CLANGLE STORAGE INC.								
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )								
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and a check for:								
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of  Status  ADDITIONAL COPY REQUIRED								
		ADDITIONAL COLL REQUIRED								
FROM: _	GEORGE A	· SW17LYK e (Printed or typed)								
2960 GREENBRIAR BLVD.  Address  WELLINGTON, FL. 33414  City, State & Zip  561. 379. 8238  Daytime Telephone number										
									GSWITLYK @	
									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 N. The name of the corpo	AME oration shall be:	GOLDEN	TRIANG	LE STOP	RAGE, INC	
13	SULTE 1		•	Mailing a 2960 G WELLIN	ddress, if different is:  REENGRIAR 1 6-TOW, FL. 3	3717 3717
ARTICLE III PU	the corporation	_				
REPL	ESTATE	LEASING	- SELF	STORAG	E RENTAL	AMO
RELATE	ED ACT	MTIES, A	and the	ALL LA	FUL BUSII	VE 55.
ARTICLE IV SI	HARES of stock is:   C	·œ.				
ARTICLE V IN	VITIAL OFFIC	ERS AND/OR DI	RECTORS, Our	ECTON		
Name and Title: Address:	2960	ERS AND/OR DI A. SWITLY KEEN BRIAK GTON, FL.	BLVO! Addres	and Title:		
Name and Title: Address:						
Name and Title: Address:						
ARTICLE VI RI	EGISTERED.	AGENT	<del> </del>	<del></del>		
The name and Florid	a street address	(P.O. Box NOT acc	eptable) of the regist	tered agent is:	<b>≅</b> ∞	<del>_</del>
Name: Address:	2960	GREENBA , NGTON, FL	IAR BLVO.		CEALLY COME	E MAR
ARTICLE VII IN	CORPORAT	<u>OR</u>			经是	上置
The name and address	ss of the Incorpo	rator is:	J1)		सुद्ध	<u>~</u>
Name: Address:	GEDRE	GRISCHISCHA	1 BLV0		20%	- 12 U
radicss.	WELL	GREENBRIA LINGTON, FO	. 33414			ယ
Having been named of this certificate, I am fa	as registered ag	ent to accept service	of process for the		oration at the place des act in this capacity	5
	2				3/6/12	<b></b>
CHENOR	Required S	ignature/Registered A	Agent	<del>-</del>	Date	
I submit this docume document to the Depa					false information subs 55, F.S.	nitted in a
·	_				al. 1 -	
	Required	Signature/Incorpora	ator		<u> </u>	<del></del>
GEORG	SE A. S	WITLY/C				