## P12000961/2

(Requestor's Name)				
(Add	lress)			
	•			
(Add	lress)			
(	,			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	ne)		
•				
(Doc	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to F	filing Officer:			
•				

Office Use Only



300241891583

11/19/12--01025--006 \*\*70.00

SECRETARY OF STATE DIVISION OF CARPARATION

PS 11/20/12

## **COVER LETTER**

Department of State

New Filing Section				
Division of Corpora	tions			
P. O. Box 6327				
Tallahassee, FL 323	314			
	GOLDEN PI	ROSPECTS -	INVESTME	NTS CORP
SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCLU	DE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM:		1 BADAS, (Printed or typed) Clan Jone		
	Key B/s Cay City, 786-443	Ine FL 3 State & Zip	3149	
<del></del>	786-443	- 1521	·	
	Daytime To	elephone number		

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	NAME	GOLDEN PR INVESTMEN	OSPECTO
The name of the	corporation shall be:	Two TAMES	1 - 0/3
ARTICLE II	PRINCIPAL OFFICE	TNAEZI MITY	175 CORP
AKIIÇEE	Principal street address	Mailing address, if di	fferent is:
	177 OCEAN Lane Nr # 506	ividinig addicess, if the	TICION 13.
	Key Biscayne, FL 33149		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
·	Wealth Monagnent		
ARTICLE IV	SHARES .	, , , , , ,	
The number of sh	nares of stock is: 100,000 ON	e million shor.	5
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS	
Name and	Title: Mincipal	_ Name and Title:	
Address:	HAIM ISADASH	Address:	<del></del>
	177 orean 2000 NY #500		
	Key BISCAYNE, FL. 33149 MONICA		<del></del>
Name and	Title: MonicA Campana Se	Name and Title:	
Address:		Address:	
	177 Ocean some or #506		
	Key Blocogre, FC. 331	<u> </u>	
Name and	Title:	Name and Title:	
Address:	1100	Address:	
		<u> </u>	
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:	a. 😊
Name:	MONICA Campana		<b>No</b> . ≤ <sub>S</sub>
Address:	177 Ocean sono or #	506	<b>S</b> S S S S S S S S S S S S S S S S S S
	Key Biscoyne IFL?	<u>5</u> 3149	
ARTICLE VII	INCORPORATOR		9 5
	ddurer of the Incomparator in		
Name:	HAIN BARA	5 H	OF STATE
Address:	177 ocean some or #5	26	D RAS
	HAIM BARA  127 OCEAN LONE ON # 5  Key Bischyre, 1=6 3311	49	37 37
Having been nai	med as registered agent to accept service of proces	is for the above stated corporation at th	ie place designated in
	am familiar with and accept the appointment as re	gistered agent and agree to act in this c	capacity
		•	/ 1
	Mona Caylon  Required Signature Registered Agent		/15/20/Z Date
	Required Signature/Registered Agent		Date
	cument gnd affirm that the facts stated herein are		nation submitted in a
document to the	Department of State constitutes a third degree felor	ny as provided for in s.817.155, F.S.	
_	Han 15-61	1/	115/2012 Date
	Required Signature/Incorporator		Dota Dota
	redanca signamicatineorborator		Date