## 0300053

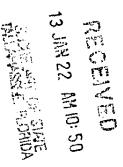
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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PS1/22/13



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

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## CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME)		(DOCUMENT#)		
2. (CORPORATE NAME)		(DOCUMENT #)		
3. (CORPORATE NAME)		(DOCUMENT #)		
□ Walk-In □	Pick up time: Certified C	opy 🗍 Certificate Of Status		
New Filings	Amendments	opy Certificate Of Status  Other Filings		
New Filings	, <del></del>			
New Filings	Amendments	Other Filings		
New Filings Profit	Amendments    Amendments	Other Filings (2) Annual Report		
New Eilings Profit Non-Profit	Amendments Amendments Amendments Resignation	Other Filings Annual Report Fictitious Name		

Examiners Initials

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

FILED

SECRETARY OF STATE

name of the corpor	ME ation shall be: P & C GOLD &	MORE CO		
	Principal office  Principal street address  Bth STREET			N 22 AM 8: 2
TICLE III PU. purpose for which	RPOSE the corporation is organized is:	AND ALL L	_AWFUL	. BUSINE
•				· · · · · · · · · · · · · · · · · · ·
TICLE IV SH number of shares o	ARES   200 @ \$5.00	· <del></del>		
	ARES 100 @ \$5.00			
	ITIAL OFFICERS AND/OR DIRECTO Ie: CINDY REYES	Name and Title:		
TICLE V IN	TIAL OFFICERS AND/OR DIRECTO	Name and Title:		
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTO le: CINDY REYES 14570 SW 8th STREE	Name and Title: Address:		
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTO le: CINDY REYES 14570 SW 8th STREE MIAMI, FL 33184	Name and Title: Address:  Name and Title: Address: Address:		
Name and Tit Address  Name and Titl  Address	TIAL OFFICERS AND/OR DIRECTO le: CINDY REYES  14570 SW 8th STREE  MIAMI, FL 33184	Name and Title: Address:  Name and Title: Address: Address:		

FILED SECRETARY OF STATE DIVISION OF RORPORATIONS

Name an	d Title:	Name and Title:	13 JAN 22	AM 8: 25
Address		Address:		
ARTICLE VI	REGISTERED AGENT		•	
ine name and F	lorida street address (P.O. Box NOT acceptable) of	the registered agent	is:	
Name:	CINDY REYES			
Address:	14570 SW 8th STREET			
	MIAMI, FL 33184			
ADVICE IIII	7A/CORPORATOR			
ARTICLE VII	INCORPORATOR			
The name and ac	ldress of the Incorporator is:			
Name:	CINDY REYES			
Address:	14570 SW 8th STREET			
	MIAMI, FL 33184			
	ned as registered agent to accept service of process			
inis cerujicate	am familiar with and accept the appointment as reg	isterea agent ana ag		-
	$\mathcal{O}$		17-	18-2013
Į.	Required Signature/Registered Agent			Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon			nation submitted in a
CA	$\mathcal{O}$		11	-18-2013
	Required Signature/Incorporator			Date
٦				