

P13000023114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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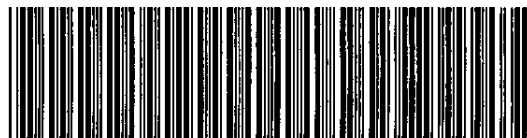
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 3/13

COVER LETTER

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

SUBJECT: Eco Gold, 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 Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Frances Mccrimmon
Name (Printed or typed)
10107 Cleghorn Dr.
Address
San Antonio, Florida 33576
City, State & Zip
813-713-1776
Daytime Telephone number
ecogoldcorp@yahoo.com
E-mail address: (to be used 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 NAME Eco Gold, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

10107 Cleghorn Dr.

San Antonio, Florida 33576

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

by this Corporation shall be to engage in any and all business permitted under the laws

of the United States and the State of Florida.

ARTICLE IV SHARES 1,000,000,000 shares

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frances Mccrimmon

Address: 10107 Cleghorn Dr.

San Antonio, FL 33576

Name and Title: Director/President

Address: _____

Name and Title: Thomas McCrimmon IV

Address: 10107 Cleghorn Dr.

San Antonio, FL 33576

Name and Title: Director

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALEAH ASSESSOR, FLORIDA

(conti.)

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Thomas McCrimmon IV
Address: 10107 Cleghorn Dr.
Tampa, FL 33576

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frances McCrimmon
Address: 10107 Cleghorn Dr.
San Antonio, FL 33576

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Thomas McCrimmon IV
Required Signature/Registered Agent

2/28/2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Frances McCrimmon
Required Signature/Incorporator

2/28/2013
Date