

COVER LETTER

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

SUBJECT: GOLD DREAMS FOREVER, 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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Geovanne Castro
Name (Printed or typed)

1409 E Louise Ave

Address

Tampa, FL 33603-5121

City, State & Zip

813-451-6664

Daytime Telephone number

gc.jenni2007@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

The name of the corporation shall be: Gold Dreams Forever, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1409 E Louise Ave

Tampa, FL 33603-5121

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to the formation of this corporation in the purchase and sell of old gold.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

Name and Title: P/T Geovanne Castro

Name and Title: _____

Address: 1409 E Louise Ave

Address: _____

Tampa, FL 33603-5121

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

14 JUL -7 PM 3:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

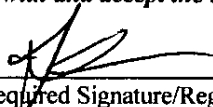
Name: Geovanne Castro
 Address: 1409 E Louise Ave
Tampa, FL 33603-5121

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Geovanne Castro
 Address: 1409 E Louise Ave
Tampa, FL 33603-5121

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




 Required Signature/Registered Agent

06/30/2014

 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.



 Required Signature/Incorporator

06/30/2014

 Date

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