

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: etc@licensesetc.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Goldcorp Construction Inc.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$87.50

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14 NOV 12 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Goldcorp Construction 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: Licenses, Etc., Inc.
Name (Printed or typed)
886 110th Ave N., Suite # 6
Address
Naples, FL 34108
City, State & Zip
(239) 777-8321
Daytime Telephone number
etc@licensesetc.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Goldcorp Construction Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address6590 W. Rodgers Cr.
Boca Raton, FL 33487

Mailing address, if different is:

6590 W. Rodgers Cr.
Boca Raton, FL 33487**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Mitchell Gold, President Name and Title: Jeanne Gold, Vice PresidentAddress: 22630 Bella Rita Cr. Address: 22630 Bella Rita Cr.
Boca Raton, FL 33433 Boca Raton, FL 33433

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(cont.)

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DJS Consulting, Inc.
Address: 22258 Waterside Dr.
Boca Raton, FL 33428

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Mitchell Gold
Address: 22630 Bella Rita Cr.
Boca Raton, FL 33433

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

9-22-14
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.817.135, F.S.


Required Signature/Incorporator

9/22/2014
Date

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