

P/5000010804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

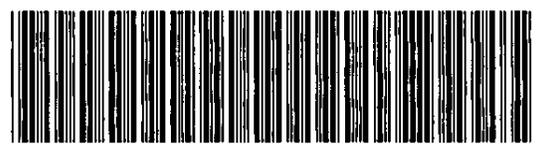
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/26/15--01006--013 **78.75

FILED
15 JAN 26 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 3 2015

S. GILBERT

COVER LETTER

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

SUBJECT: GOLD KEY GROUP 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: GOLD KEY GROUP INC.
Name (Printed or typed)

521 SE 9TH AVENUE
Address

POMPANO BEACH, FL. 33060
City, State & Zip

954-914-0336
Daytime Telephone number

CHUCK@GOLDKEYYACHTS.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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME GOLD KEY GROUP, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
521 SE 9TH AVENUE
POMPANO BEACH, FL. 33060

ARTICLE III PURPOSE SALE AND SERVICE OF YACHTS
The purpose for which the corporation is organized is:
AND ALL OTHER LAWFUL BUSINESS

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	CHARLES W. EDWARDS II/PRES/SEC'Y	Name and Title:	_____
Address	521 SE 9TH AVENUE POMPANO BEACH, FL. 33060	Address:	_____ _____ _____

Name and Title:	CHARLES W. EDWARDS III/VP	Name and Title:	_____
Address	521 SE 9TH AVENUE POMPANO BEACH, FL. 33060	Address:	_____ _____ _____

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

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:

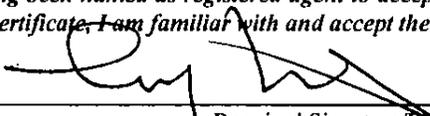
Name: CAROLYN NICOTRA
 Address: 8948 SW 21ST COURT UNIT A
BOCA RATON, FL. 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROLYN NICOTRA
 Address: 8948 SW 21ST COURT UNIT A
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

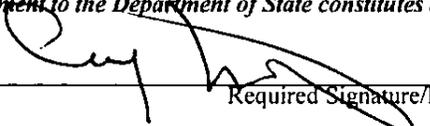


 Required Signature/Registered Agent

01/21/2015

 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

01/21/2015

 Date