

P/5000010804

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(Business Entity Name)

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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)

**FILED**  
15 JAN 26 AM 9:02  
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: <u>CHARLES W. EDWARDS II/PRES/SEC'Y</u>	Name and Title: _____
Address: <u>521 SE 9TH AVENUE</u>	Address: _____
<u>POMPANO BEACH, FL. 33060</u>	_____

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

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

(conti.)

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:

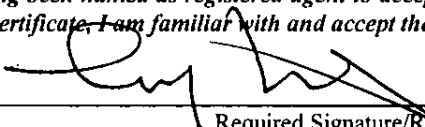
Name: CAROLYN NICOTRA  
Address: 8948 SW 21ST COURT UNIT A  
BOCA RATON, FL. 33433

**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*

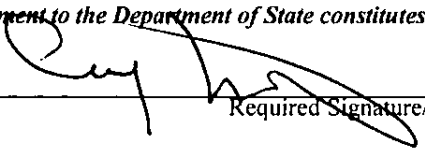


\_\_\_\_\_  
Required Signature/Registered Agent

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