

Feb 23, 2015 12:11PM

No. 1056 P. 3

P/5000017813

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA GOLD SERVICES, INC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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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: **FLORIDA GOLD SERVICES, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

16553 ENCLAVE VILLAGE DR

TAMPA, FL 33647

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO OPERATE ANY LEGAL BUSINESS IN THE STATE OF FLORIDA INCLUDING DEALING IN GOLD**

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **THOMAS HASTINGS PST**

Address: 16553 ENCLAVE VILLAGE DR

TAMPA, FL 33647

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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(cont.)

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: THOMAS HASTINGS
Address: 16553 ENCLAVE VILLAGE DR
TAMPA, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS HASTINGS
Address: 16553 ENCLAVE VILLAGE DR
TAMPA, FL 33647

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

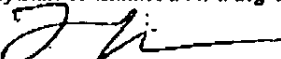


Required Signature/Registered Agent

02/23/2015

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

02/23/2015

Date

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