

P 15000025360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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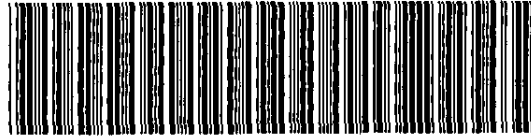
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/17/15

## COVER LETTER

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

SUBJECT: **GOLD KEY YACHTS OF FLORIDA 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 YACHTS OF FLORIDA 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)

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TALLAHASSEE, FLORIDA

**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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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: GOLD KEY YACHTS OF FLORIDA INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

521 SE 9TH AVENUE

POMPANO BEACH

FL. 33060

**ARTICLE III PURPOSE**

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

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CHARLES W. EDWARDS II/PRES/SECY

Name and Title: CHARLES W. EDWARDS III/VP

Address 521 SE 9TH AVENUE  
POMPANO BEACH  
FL. 33060

Address: 521 SE 9TH AVENUE  
POMPANO BEACH  
FL. 33060

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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 21 COURT APT A  
BOCA RATON, FL. 33433

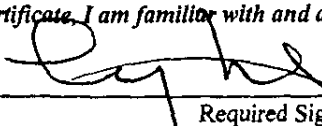
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CAROLYN NICOTRA

Address: 8948 SW 21 COURT APT A  
BOCA RATON, FL, 33433

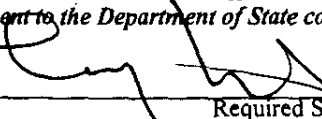
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

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

03/10/2015

\_\_\_\_\_  
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

03/10/2015

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA