Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001720813)))



H150001720813ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	To:	Division of Corporations Fax Number : (850)617-6381	15 JUL 1
5 AN 10: 33	Carpon:	Account Name : DAVID A. CHENKIN, P.A. Account Number : I20000000115 Phone : (954)440-4452 Fax Number : (954)476-2382	5 AH 8: 21
15 3111	*Enter the annual	email address for this business entity to be use report mailings. Enter only one email address p	ed for future lease.**

FLORIDA PROFIT/NON PROFIT CORPORATION Gold Coast Creative Group, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

JUL 1 6 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

(C(H15000172081 3)))

ARTICLES OF INCORPORATION

OF

GOLD COAST CREATIVE GROUP, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

GOLD COAST CREATIVE GROUP, INC.

The address of the principal office of this corporation shall be 2215 Manatee Drive. Fort Lauderdale, Florida 33316 and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPTIAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$,001 par value per share.

(((H15000 172081 3)))

((CH15000 172081 3)))

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 2215 Manatee Drive, Fort Lauderdale, Florida 33316 and the name of the initial registered agent of the corporation at that address is CALVIN SIMMONS.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICEL VI. OFFICERS AND DIRECTORS

This corporation shall have two officers and one director, initially. The names and street addresses of the initial officers and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

CALVIN SIMMONS

2215 Manatee Drive

Pres. Sec. Dir.

Fort Lauderdale, Florida 33316

ARTICLE VII, INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

CALVIN SIMMONS 2215 Manatee Drive Fort Lauderdale, Florida 33316

ARTICLE VIII, INFORMAL DIRECTOR ACTION

If all the Directors severally or collectively consent in writing to any action taken or to be taken by the Corporation, and the writings evidencing their consent are filed with

(((Hisco 172081 3)))

the Secretary of the Corporation, the action shall be as valid as though it had been authorized at a meeting of the Board of Directors.

ARTICLE IX. INDEMNIFICATION

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X. BYLAW AMENDMENT

The power to adopt, alter, amend or repeal the bylaws of this Corporation shall be vested in the Board of Directors and Stockholders provided that such amendment be in compliance with the laws of Florida.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation in the State of Florida this 200 day of time 2015.

INCORPORATOR, CALVIN SIMMONS

REGISTERED AGENT, CALVIN SIMMONS

(((H15000 172081

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared CALVIN SIMMONS who, being first duly sworn by me, deposes and says that the foregoing instrument is true and correct to the best of his knowledge, information and belief.

SWORN TO AND SUBSCRIBED before me this _____ day of June 2015.

My Commission Expires:

OTARY PUBLIC. State of Florida

Personally known to me, or

Produced identification

Did take an oath:

Did not take an oath

LISA ANNE PILLVER inflary Protes State of Physicia Comments # E6 \$15513 Му готаг, лизгер на у 2, 2015

ACCEPTANCE OF REGISTERED AGENT

CALVIN SIMMONS having been designated to act as Registered Agent hereby agrees to act in this capacity.

CALVIN SIMMONS, Registered Agent