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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 20 PM 1:16

APPROVED
AND
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FLORIDA PROFIT/NON PROFIT CORPORATION
GOLDEN GROUP PRODUCE & COMMODITIES CORP.

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

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(4)

COVER LETTER

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

SUBJECT: Golden Group Produce & Commodities Corp.
(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: Oscar A Cabrera P.A.
Name (Printed or typed)
2880 SW 164 Avenue
Address
Homestead, FL 33033
City, State & Zip
305-321-6207 or 305-804-4428
Daytime Telephone number
lorenarojasvalentin@yahoo.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)

APPROVED
AND
FILED

16 JAN 20 PM 1:16

ARTICLE I NAME
The name of the corporation shall be: Golden Group Produce & Commodities Corp.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

Mailing address, if different is:

Juan Pablo Valderrama
5350 NW 114 AVE
DORAL, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN PABLO VALDERRAMA
Address: 5350 NW 114 AVE
APT 304
DORAL, FL 33178

Name and Title: PRESIDENT
Address: _____

Name and Title: JHOAN SEBASTIAN JIMENEZ
Address: 5350 NW 114 AVE
APT 304
DORAL, FL 33178

Name and Title: VICE-PRESIDENT
Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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AND
FILED

16 JAN 20 PM 1:16^(cont.)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: JUAN PABLO VALDERRAMA
Address: 5350 NW 114 AVE APT 304
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN PABLO VALDERRAMA
Address: 5350 NW 114 AVE APT 304
DORAL, FL 33178

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

01/20/2016
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

01/20/2016
Date

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