

P16000005473

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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.

((H16000016528 3)))



H160000165283ABC\$

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

From:

Account Name : CORP USA
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

16 JAN 20 PM 1:16

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

Email Address: _____

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

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

105462

Electronic Filing Menu

Corporate Filing Menu

Help

416000016528

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.

APPROVED
AND
FILED

16 JAN 20 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **Golden Group Produce & Commodities Corp.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Juan Pablo Valderrama
5350 NW 114 AVE
DORAL, FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES **100**

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JUAN PABLO VALDERRAMA**

Name and Title: **PRESIDENT**

Address

5350 NW 114 AVE

Address: _____

APT 304

DORAL, FL 33178

Name and Title: **JHOAN SEBASTIAN JIMENEZ**

Name and Title: **VICE-PRESIDENT**

Address

5350 NW 114 AVE

Address: _____

APT 304

DORAL, FL 33178

Name and Title: _____

Name and Title: _____

Address

Address: _____

APPROVED
AND
FILED

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

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:

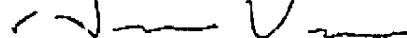
Name: JUAN PABLO VALDERRAMA
Address: 5350 NW 114 AVE APT 304
DORAL, FL 33178

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