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

To: **LAZARUS CORPORATE FILING SERVICE, INC.**
Account Number: **I20000000019**
Phone: **(305)552-5973**
Fax Number: **(305)675-5944**

Email Address: _____

2016 MAR 15 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
GOLF COAST INTERNATIONAL WHOLE SALES INC.

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

03/15/2016 14:19

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LAZARUS REGISTRATION

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FLORIDA DEPARTMENT OF STATE

FLORIDA DEPARTMENT OF STATE



March 15, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: GOLF COAST INTERNATIONAL WHOLESALER INC.

REF: W16000019266 Florida Street

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601

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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Nadira D McClees-Sams
Regulatory Specialist II

FAX Aud. #: H16000065317
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P.O BOX 6327 - Tallahassee, Florida 32314

State

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Florida Department of State

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Electronic Filing

ARTICLE I NAME: The name of the corporation is:

601 F COAST INTERNATIONAL WHOLE SALES INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6408 SW 11th Miami Florida 33174

2016 MAR 15 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Florida Street

on the cover sheet.

ARTICLE III SHARES: The number of shares of stock is:

100,000 or more

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

IVAN RAFAEL DE LAS CUEVAS (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

IVAN RAFAEL DE LAS CUEVAS

6488 SW 11 ST

Miami FL 33174

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

IVAN RAFAEL DE LAS CUEVAS

6488 SW 11 ST

MIAMI FL 33174

1-605-553-17

Florida Department of State

H160000653 17 Florida

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 609, F.S.C.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 609, F.S.C.

Required Signatures:

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

Registered Agent

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.

RES: The nu

INITIALS DIRECTOR OR OFFICER

Incorporator

Date

INITIALS DIRECTOR OR OFFICER

Date

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