P1600025075

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
(02544,02976 (691,621,619)					
(691, 621, 619)					

Office Use Only



900282751229

02/29/16--01023--020 **78.75

W16-016890

03/21/16



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2016

JOSEPH IORIO 600 S.E. 2ND CT. FT. LAUDERDALE, FL 33301

SUBJECT: PLATINUM INVESTMENT CORPROATION

Ref. Number: W16000016890

have received your document for PLATINUM INVESTMENT CORPROATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000100541.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 916A00004663

COVER LETTER

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

SUBJECT:	Platinum		Corporation	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Namo	TOVIO e (Printed or typed)		
	600 5 E	2nd Cour	<u> </u>	
	Fort	Lauder da State & Zip		33.0
		796 5952		
		elephone number	2m 01 1 . Coi	^
		d for future annual report		

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)

name of the corporatio	n shall be:	THE PARTY OF THE P	
) 10
ICLE II PRINCIF Pi	<u>PAL OFFICE</u> rincipal street address	Mailing address, if differe	ent is:
•	rincipal street address		
Fort	Lauderdak Fl		
	33301		
ICLE III PURPOS	E		
purpose for which the	corporation is organized is:	ar and the second of the secon	
-Pr	ovide investmen	t advice	
	for fees.	it advice	
		1	
number of shares of ste	ock is:	Ten-thousand	
number of shares of sto	OFFICERS AND/OR DIRECTORS		
number of shares of storest of st	OFFICERS AND/OR DIRECTORS	Name and Title:	
number of shares of storest of st	OFFICERS AND/OR DIRECTORS	Name and Title:	
TICLE V INITIAL Name and Title: Address	OFFICERS AND/OR DIRECTORS	Name and Title: Address:	
number of shares of ste TICLE V INITIAL Name and Title: Address	OFFICERS AND/OR DIRECTORS LOSEPH Toris for GOUSE 2nd Fort Lauder da	Name and Title: Address:	
number of shares of ste TICLE V INITIAL Name and Title: Address	OCK IS: OFFICERS AND/OR DIRECTORS LOSEPH TOVIDO GOUSE 240000	Name and Title: Address:	
number of shares of storester of the storester of shares of storester of shares of storester of shares of storester of shares	OFFICERS AND/OR DIRECTORS SOSEPH Toris /P GOU SE 2nd cou Fort Lander da F 1 33301	Name and Title: Address:	
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Name and Title: Address Address Name and Title: Name and Title: Name and Title:	OFFICERS AND/OR DIRECTORS LOSEPH TOVID GOU SE 2nd Fort Lander da Fl 33301	Name and Title:	

Name and T	itle: Nar	ne and Title:
Address	Add	dress:
	GISTERED AGENT ida street address (P.O. Box NOT acceptable) of the r	registered agent is:
Name:	Joseph Torio	·
Address:	Fort Landerdale F	florida 33301
ARTICLE VII IN		APPLED
The name and addr	•	
Name:	Juseph Ioris) +
Address:	Fort Lauder	dale FL 33301
	er than the date of filing:e is listed, the date must be specific and cannot be i	
	serted in this block does not meet the applicable statute ctive date on the Department of State's records.	tory filing requirements, this date will not be listed as
	familiar with and accept the appointment as registere	, 1
	log prin (Joseph -	Iorio) 2/25/16 3/15/16
	Required Signature/Registered Agent	Date
	partment of State constitutes a third degree felony as p	I am aware that the false information submitted in a provided for in s.817.155, F.S.
	love (soceph Jon	
Required	*Signature/Incorporator	Date
	DO03 +2	

a signatura

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