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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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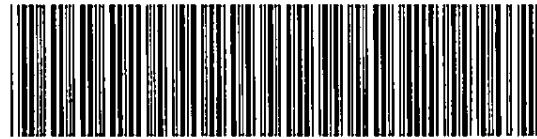
(Business Entity Name)

(Document Number)

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18 MAY -1 AM 10:52  
TALLAHASSEE, FL



D O'KEEFE

MAY - 7 2018

***Terence N. Thurson***

*Full Service Accounting Firm*

*8672 Phillips Highway*

*Jacksonville, FL 32256*

*Tele: (904) 764-7717*

*Fax: (904) 652-0365*

*Email: [tntrlt1@bellsouth.net](mailto:tntrlt1@bellsouth.net)*

*Web: [thursonaccounting.com](http://thursonaccounting.com)*

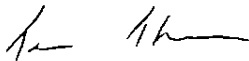
April 18, 2018

**RE: P16000033529  
GOLDEN PYLON INC  
Attn: Triforos Veal  
5350 Arlington Expressway #3006  
Jacksonville, FL 32211**

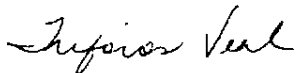
To Whom This May Concern,

The above referenced individual Mr. Triforos Veal is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours,



Terence N Thurson



Triforos Veal - VP

## COVER LETTER

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

**SUBJECT:** GOLDEN PYLON INC

(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** DON E. PLUMMER JR.

\_\_\_\_\_  
Name (Printed or typed)

5350 ARLINGTON EXPRESSWAY #3006

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32211

\_\_\_\_\_  
City, State & Zip

904-554-3489

\_\_\_\_\_  
Daytime Telephone number

TNRTL1@BELL SOUTH.NET

\_\_\_\_\_  
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)

**ARTICLE I NAME**

The name of the corporation shall be: GOLDEN PYLON INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5350 ARLINGTON EXPRESSWAY #3006

JACKSONVILLE, FL 32211

**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: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DON E PLUMMER JR - PRES

Name and Title: TRIFOROS D VEAL - VP

Address 5350 ARLINGTON EXPRESSWAY #3006

Address: 5350 ARLINGTON EXPRESSWAY #

JACKSONVILLE, FL 32211

JACKSONVILLE, FL 32211

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

18 MAY -1 4 10:52  
SOLICITOR'S  
TALLAHASSEE FL



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: TRIFOROS D VEAL  
Address: 5350 ARLINGTON EXPRESSWAY #3006  
JACKSONVILLE, FL 32211

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TRIFOROS D VEAL  
Address: 5350 ARLINGTON EXPRESSWAY #3006  
JACKSONVILLE, FL 32211

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18 MAY -1 AM 10:52  
TALLAHASSEE, FL 32301



**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*Triforos Veal*  
Required Signature/Registered Agent

04/18/2018  
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.*

*Triforos Veal*  
Required Signature/Incorporator

04/18/2018  
Date