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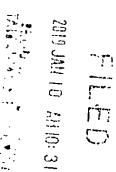
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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JAN 1 8 2019

K. Brumbley

COVER LETTER

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

SUBJECT:	(PROPOSED CORPORA	Zone Inc. TENAME-MUSTINCLI	IDE CHEELV)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fce	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status			
FROM:		() Imbouger e (Printed or typed)				
		bug Fl 3	Tre. N.			
	•	Telephone number To whoo control of for future annual report	iom			
	E-mail address: (to be use	ed for Tuture 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)

name of the corpo		GOLD ZO	1/4-
name of the corpo	nation Stan be:	_GOW_ZO	ME I
SICLE II PRI	NCIPAL OFFICE Principal street address DILMAND ONE N	Mailing address, if different is:	
41	/ Committee of the second		
St. Te	tersburg 71 33710		
TICLE III PUR	POSE h the corporation is organized is: Region	a and solding	
		g was seeing	
	Computer equipment		
	, , ,	₹	
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		2	f december
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RTICLE IV SHA			
Name and Ti	ile Poralda Um berger Na	me and Title: Diana Basilise	a Presid
Address	5625 Deitmoull aseN Ad	dress: 5625 Dartmouth	Bru N
	St. Petersburg, Fl. 337/0	St. Petersburg, 7	1371
	accountant		
Name and Tit	de: Ronald W Um Begy Na	me and Title:	
Address	bane as above Ad	dress:	
		 	
	Secretary & Tro	sover	
Name and Tit	10: Ronald W Unberger Nam	me and Title:	
	, U		
Address	Ad	dress:	
	Same as above		

Name and Title:	Name and Title:
Address	Address:
	
	
ARTICLE VI REGISTERED AGENT	NOVE
The name and Florida street address (P.O. Be	
Name: Konold W 21	. U
	mouth leave N
_ Sl. Peters	abing, 7/ 337/D
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Fall you	Clonald W. Umberger
Address: 5625 Do	introuth aren
_ St. Pel	teroluia Il 33710
ARTICLE VIII EFFECTIVE DATE:	02 7 20.18
(If an effective date is listed, the date must be	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 the document's effective date on the Departme	ot meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departme	in of State's records.
Having been named as registered agent to acc	cept service of process for the above stated corporation at the place designated i
	the appointment as registered agent and agree to act in this capacity
(K.W. Umber	Registered Agent Date
, ,	
i submit this abcument and affirm that the fa document to the Department of State constitute	acts stated herein are true. I am aware that the false information submitted in es a third degree felony as provided for in s.817.155, F.S.
P1.191 1.	12-26 1.16
Required Signature/Incorporator	2-28-20/8 Date

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