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Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number      : (850)617-6381

From:
        Account Name    : LAZARUS CORPORATE FILING SERVICE, INC.
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        Email Address:_____
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FLORIDA PROFIT/NON PROFIT CORPORATION
GOLDEN FLOWERS SERVICE INC

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

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AUG 0 9 2019

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I   NAME: The name of the corporation is:

GOLDEN FLOWERS SERVICE INC

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

2950 NW 12 Ave.
MIAMI FL 33127

ARTICLE III   SHARES: The number of shares of stock is: 100

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

Irander ESTRADA Leades (P)

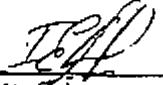**ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Irander ESTRADA LEADES
2950 NW 12 Ave
MIAMI FL 33127

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

IRANDER ESTRADA LEADES
2950 NW 12 Ave.
MIAMI FL 33127

2019 AUG -8 PM 1:50

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.

_____   _____
Incorporator   Date