Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			>-	
	Division of Cor	porations	<del>-</del>	•
	Fax Number	; (850)617-6381	-	
From:				
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	<u>-</u> [-	
	Account Number			
	Phone	: (305)552-5973		
	Fax Number	: (305)675-5944	•	
	III Wante	(303)012 -111		
			. ·	
FENTAR	the email address	s for this business entity to be used for	future	
201	nual report maili	ings. Enter only one email address please.	**	
Q111	Mar Tepor Ciliaria	ings. Effect only one change that princes		
_	ail Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION GOLDEN TRUST INSURANCE OF TAMIAMI, CORP.

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\$78.75

Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:			
ARTICLE I NAME: The name of the corporation is:  (Olden Trust Insurance of Table 1)  ARTICLE II PRINCIPAL OFFICE:	- 1m/	ami,	
ARTICLE II PRINCIPAL OFFICE:	6	corp.	
The principal street address and mailing address is:			
13872 SW 8th ST Wigni FL 33184			
Miami +6 33/84			
ARTICLE III SHARES: The number of shares of stock is:	0		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER  Jackeline Blanco	$(\mathcal{P}_{\mathcal{P}})$		
- Vacy-line Islane	<u></u>		
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	<u> </u>	- 7 13 PM	
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	7:5	<b>-</b> 0.3	酌
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD	DRESS	i	1527
The name and Florida street address (PO Box not acceptable) of the register	ed agent	is:	
JACKELINE BLANCO		,	
13872 SW 8 ST.		,	
MIAMI PL. 33/84		ı	
ARTICLE VIINCORPORATOR: The name and address of the Inco	rporator	is:	
JACKELINE BLANCO		_	
13872 SW 85T. HIAMI, Fl. 33184		<u>-</u>	
MIANI, Fl. 33184		<u> </u>	

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LAZARUS CORPORATE

08/27/2019 13:24 3052201440

## 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 Plate

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

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