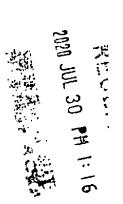
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(Address) (Address) (Address) (City/State/Zip/Phone #)
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(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE TALLAHASSEE

1 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 7/29/2020		AMERICAN VE TOU
		**WALK IN*
ENTITY NAME	GULD INC	
DOCUMENT NUMBI	ER	
	PLEASE FILE THE	ATTACHED AND RETURN
	Plain Copy	
XXX	Certified Copy	
	Certificate of Status	
		LOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts &:	Amendments Amendments Complete File (Including Annual Reports)
	Certificate of Status	AMERICANS COMPLETE I RE INCLUMENT FARAULT NEPOPUS
	• •	cting:
	APOSTILLE' / NO	TARIAL CERTIFICATION
COUNTRY OF DESTIN	ATTON	
NUMBER OF CERTIFIC	ATES REQUESTED	
TOTAL OWED \$	7875_	ACCOUNT # 120140000108 Cuth United Corporate Services, Inc. Issues or concerns, Thank you so much!
Please call Tina at	the above number for any	issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: GULD	INC		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	OPY REQUIRED
FROM:		e (Printed or typed)	
100	STATE STREET, SUITE 80		
		Address	
AL	BANY, NY 12207		
	City	, State & Zip	
877	-894-9049		
	Daytime '	Felephone number	
mac	ola.khan@gmail.com		
	E-mail address: (to be use	ed 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)

IRTICLE I NAME			
he name of the corpora	ition shall be:		
Principal <u>street</u> address 475 South Beicher Rd.		Mailing addr	ess, if different is:
Clearwater Florida 337			
RTICLE III PURP. The purpose for which	OSE the corporation is organized is:	in any lawful act or activity per	mitted by law.
			TA R
	····		SECRETARY
			TAR TASS
IRTICLE IV SHAR	<u>ES</u> 200 NPV Estock is:		m,— _
ne number of states of	Stock is:		
DTT/TE I/ TAUTT	41 AFFICERS AND/OR DIRECTORS		9 47 STATE LORIDA
	AL OFFICERS AND/OR DIRECTORS		AH 9:47 IF STATE .FLORIOA
Name and Titl	e: Anna-Margareta Ryden-President	Name and Title:	
Address	1475 South Belcher Rd.	Address:	
Addics ₅	Clearwater Florida 33764	Address.	
	Cical water Fronta 33704		
Name and Title	: <u></u>	Name and Title:	
Address		Address:	
			
			
Name and Title		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	Name and Title:	
Address		Address:		
ARTICLE VI	REGISTERED AGENT			
	Torida street address (P.O. Box NOT acceptab	le) of the registered agent is:		
Name:	Anna-Margareta Ryden			
Address:	1475 South Beicher Rd.			
	Clearwater Florida 33764			
ARTICLE VII	<u>INCORPORATOR</u>			
	ddress of the Incorporator is:			
Name:	Anna-Margareta Ryden			
Address:	1475 South Belcher Rd.			
	Clearwater Florida 33764			
ADTICLE VIII	PERCETHE DATE			
Effective date, if	EFFECTIVE DATE: other than the date of filing:	. (OPTIONAL)		
(If an effective of filing.)	late is listed, the date must be specific and co	nnnot be more than five days pr	ior or 90 days after the	
	e inserted in this block does not meet the applic effective date on the Department of State's reco		, this date will not be listed as	
	med as registered agent to accept service of pro am familiar with and accept the appointment of			
/s/ Anna-	Margareta Ryden		7/29/2020	
	Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein Department of State constitutes a third degree			
/s/ Anna-l	Margareta Ryden		7/29/2020	
Required Signature/Incorporator			Date	