

P200000 58463

Florida Department of State  
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.**

((H20000261305 3)))



H200002613053ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
GOLDEN AGE FOREVER CORP**

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

C RICO  
AUG 04 2020

Electronic Filing Menu

Corporate Filing Menu

Help

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

GOLDEN AGE FOREVER Corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

271 BONNIE BOULEVARD apt 122  
Palm Springs, Florida 33461

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Carlos Antonio Pons deSesma (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Carlos Antonio Pons deSesma  
271 Bonnie Boulevard Apt 122  
Palm Springs FL. 33461

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

Carlos Antonio Pons deSesma  
271 Bonnie Boulevard Apt 122  
Palm Springs FL. 33461

20 AUG - 6 PM 2:45

02/18/2013 05:52 3832201448 E:\ARJIS\CORP\STATE PAGE 001

**Required Signatures:**

Having been named as registered agent to accept service of process for the above state corporation at the place designated in this certificate, I am familiar with and accept 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 third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date