P20000076953

10/1/2020 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
GOLD N KICKZ INC

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

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Electronic Filing Menu Corporate Filing Menu Help

OCT 0 2 2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Gold N Kickz INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1350 Bill Beck Blvd

Kissimee FL 34744

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail Sales & Jewelry Repair

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Cano / P

Address 530 Academy drive
Kissimee florida
34744

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address

Name and Title:

Address

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JASON GRAY

Address: 1350 Bill Beck Blvd

KISSIMEE FL 34744

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JASON GRAY

Address: 1350 Bill Beck Blvd

KISSIMEE FL 34744

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/30/20 (OPTIONAL)

(If an effective date is listed, the date must 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 meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Jason Gray
Required Signature/Registered Agent

9/30/20
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.

Jason Gray
Required Signature/Incorporator

9/30/20
Date