

P21000025572

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

From:

Account Name : SORSHER & ASSOCIATES, LLC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON-PROFIT CORPORATION
GOLDEN DAVID, INC.

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Corporate Filing Menu

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DIVISION OF CORPORATIONS
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0002/0005

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March 23, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SORSHER & ASSOCIATES

SUBJECT: GOLDEN DAVID, INC
REF: W21000038248

We have received your document for GOLDEN DAVID, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE
Regulatory Specialist II

FAX Aud. #: H21000112246
Letter Number: 021A00006056

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SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: GOLDEN DAVID, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SHLIAKHOVA, KATERYNA
Name (Printed or typed)

630 GOLDEN BEACH DR
Address

GOLDEN BEACH, FL 33160
City, State & Zip

(305)924-8289
Daytime Telephone number

KATESHLAHOVA@GMAIL.COM
E-mail address: (to be used 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)

ARTICLE I NAMEThe name of the corporation shall be: GOLDEN DAVID, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

630 GOLDEN BEACH DR630 GOLDEN BEACH DRGOLDEN BEACH, FL 33160GOLDEN BEACH, FL 33160**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SHLIAKHOVA, KATERYNA - P

Name and Title: _____

Address 630 GOLDEN BEACH DR

Address: _____

GOLDEN BEACH, FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SHLIAKHOVA, KATERYNA
 Address: 630 GOLDEN BEACH DR
GOLDEN BEACH, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHLIAKHOVA, KATERYNA
 Address: 630 GOLDEN BEACH DR
GOLDEN BEACH, FL 33160

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Kateryna Shliakhova _____ 03/19/2021 _____
 Required Signature/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.

Kateryna Shliakhova _____ 03/19/2021 _____
 Required Signature/Incorporator Date