P210000081952

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





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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GOLDEN WALLET	INC		
			Art of Inc. File
<u>-</u>			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
		ļ	Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
	 		Driving Record
Requested by: SETH	00/12		UCC 1 or 3 File
Nama	$\frac{09/13}{\text{Date}}$	Time	UCC 11 Search
Name	Date	Titte	UCC Retrieval

COVER LETTER

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

SUBJECT: GO	LDEN WALLET INC				
	(PROPOSED CORPORA	FE NAME – <u>MUST INCL</u> I	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	a check for:		
€ \$70.00 Filing Fe	O □ \$78.75 e Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	OLHA MORMUL				
TROM.	Name	(Printed or typed)			
	100 VILLAGE GREEN DR SUIRE 220	0			
	A	Address			
	LINCOLNSHIRE IL 60069				
	City, State & Zip				
	6304404975				
	Daytime Telephone number				
	ADMIN@PBM-CONSULTING.COM				
	E-mail address: (to be used	for future annual report r	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)

ne name of the corporation	shall be: GOLDEN WALLET INC		
<u>ARTICLE II PRINCIPA</u> Prin	LOFFICE cipal <u>street</u> address	N	failing address, if different is:
421 NE 1ST ST APT 221			
HALLANDALE BEACH	FL 33009		
ARTICLE III PURPOSE The purpose for which the co	orporation is organized is:		
			S .
ARTICLE IV SHARES The number of shares of stoc		· 	WEI SEP 16 F
	FFICERS AND/OR DIRECTORS	N 1771	PH 4
	NTON KHIZHNIKOV, PRESIDENT 11 NE 1ST ST APT 221		38
	ALLANDALE BEACH FL 33009	_ Address: _	
		- -	
Name and Title:		Name and Title:	
Address		_ Address:	
Name and Title:		Name and Title:	
Address		Address: _	
_		-	

Name an	d Title:	Name and Title:
Address		Address:
	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O. Box NOT acceptable)	A of the maistered agent in
Name:	ANTON KHIZHNIKOV	of the registered agent is.
Address:	421 NE 1ST ST APT 221	
radiess.	HALLANDALE BEACH FL 33009	_
		
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ac	ddress of the Incorporator is:	
Name:	ANTON KHIZHNIKOV	
Address:	421 NE 1ST ST APT 221	
	HALLANDALE BEACH FL 33009	
APTICLE VIII	EFFECTIVE 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 car	nnot be more than five days prior or 90 days after the
	inserted in this block does not meet the applica	ble statutory filing requirements, this date will not be fisted as
the accument 5 c	Tree in the Bepariment of State 5 (1990).	
certificate, I am j	familiar with and accept the appointment as regis	ss for the above stated corporation at the place designated in this stered agent and agree to act in this capacity
	An fon EniThilkov Required Signature/Registered Agent	09/15/2021
	Required Signature/Registered Agent	Date
I submit this do	cument and affirm that the facts stated herein o	are true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree fe	tony as provided for in s.817.155, F.S.
1	Histor KnizhNika	09/15/.2021
Required Signati		Date