

P210004389513

Florida Department of State
Division of Corporations
Filing Office of the Secretary of State

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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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.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GOLD COAST EXCHANGE, CORP**

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Gold Coast Exchange, CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

DELVISTA BLDG TOWER II 20355 NORTH EAST 34th CT

Unit #1122 Aventura, FL 33180

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Hugo Galo Borrelli De Langhe (President)

Eduardo A Made (Treasurer)

DEC - 1 PM 12:01

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Eduardo A Made

DELVISTA BLDG TOWER II 20355 NORTH EAST 34th CT

Unit #1122 Aventura, FL 33180

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

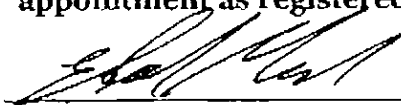
Eduardo A Made

DELVISTA BLDG TOWER II 20355 NORTH EAST 34TH CT

UNIT #1122 AVENTURAL FL 33180

Required Signatures:

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

_____
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 § 817.155, F.S.

_____
Incorporator_____
Date

EFFECTIVE: 1-1-22