

P22000002458

FLORIDA DEPARTMENT OF STATE
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AT PLUS CORP
Account Number : I20140000060
Phone : (305)406-3800
Fax Number : (305)406-3999

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
THA ART OF GOLDEN CORP

Certificate of Status	0
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TALLAHASSEE, FL

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: THE ART OF GOLDEN CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6131 SW 92ND CT

Miami FL 33173

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: CRISTHIAN SARAVIA(P) Name and Title: _____

Address 6131 SW 92ND CT Address: _____
Miami FL 33173

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CRISTHIAN SARAVIA (P)
Address: 6131 SW 92 Nd Ct
MIAMI FL 33173

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CRISTHIAN SARAVIA (P)
Address: 6131 SW 92 Nd Ct
MIAMI FL 33173

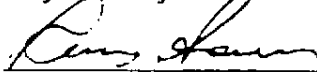
ARTICLE VIII EFFECTIVE DATE:

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




Required Signature/Registered Agent

01/10/2022

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.



Required Signature/Incorporator

01/10/2022

Date