

**P22000057134**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

**\*\*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**  
**SOUL OF GOLD, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$70.00 |

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FLORIDA  
COMMERCIAL  
SERVICES

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Electronic Filing Menu

Corporate Filing Menu

Help

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: SOUL OF GOLD, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1130 SW CHAMPMAN WAY

APARTMENT 501

PALM CITY, FL 34990

Mailing address, if different is:

1130 SW CHAMPMAN WAY

APARTMENT 501

PALM CITY, FL 34990

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: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID GOLDFARB, P.

Name and Title:

Address 440 SEMINOLE AVENUE

Address:

FORT LAUDERDALE, FL 33312

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

Name: DAVID GOLDFARB  
 Address: 1130 SW CHAMPMAN WAY, APT. 501  
PALM CITY, FL 34990

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH  
 Address: 41 STATE STREET, SUITE 700  
ALBANY, NY 12207

**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:*David Goldfarb

Required Signature/Registered Agent

07/15/2022

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.*Lawrence A. Kirsch

Required Signature/Incorporator

07/15/2022

Date

2023 JUL 15  
11:16

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