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2022 OCT -4 AM II: 30

COVER LETTER

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

SUBJECT:	Fold Shield CORPORAT	Security F ENAME-MUST-INCLU	DE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:		
□ \$70.00 Filing Fee	♥ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Oksana Kur Name 0301 W Coun		Jr. Unit 1226		
	Aventura,	FL 33	180-1656		
773 706 57 95 Daytime Telephone number					
	GSSILLINGS DE-mail address: (to be used	for future annual report n	otification)		
	NOTE: Please provide the or	riginal and one copy of	the articles.		

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Gold Sh	ield Security FL INC
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
20301 W Country Club Dr Uni	f 1378
Aventura FL 33180-165	_ •
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	provide security
guard Services for	protit
ARTICLE IV SHARES The number of shares of stock is: 4.000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	.
Name and Title: Oksana Kurowsk	Name and Title: /
Address President	Address:
20301 W Country C	lub Dr
Aventura, FL 33	236 5180-1656
Name and Title:	
Address	Address:
	. 1
Name and Title: Ralph Briscoe	Name and Title:
Address Secretary	Address:
1100 E Nerge Rd Se	· · · · · · · · · · · · · · · · · · ·
Elk Grove Villa	ige, Il
-F0003-	32.40

Name a	ınd Title:		Name and Title:	
Addre	ss		Address:	
			_	
		·		
ARTICLE VI	REGISTERED AGEN		e) of the registered agent	is:
Name:	Daria	Ermol	aeva	
Address:	16950	W Dixie	Hwy Apl each, FL	333 23160
	North J	<u> Uiami Be</u>	each, HL	22/00
<u>ARTICLE VII</u>	INCORPORATOR			
The name and	address of the Incorpora		•	
Name:	Oksan	<u>a Kur</u>	owski	D- 110+ 122R
Address:	20301 Aventa	1 W Cou	<u>nt</u> ry Cleak 33 180-165	S Dr Unt 1228
(If an effective filing.) Note: If the da	e date is listed, the date	must be specific and c	cable statutory filing requ	e days prior or 90 days after the airements, this date will not be listed as
Having been no	amed as registered agent o familiar with and acces	to accept service of procent the appointment as re-	ess for the above stated cogistered agent and agree t	orporation at the place designated in this to act in this capacity
	411	enature/Registered Agent		09/04/22
I submit this d	locument and affirm tha	nt the facts stated herein	a are true. I am aware th	hat the false information submitted in a
	(Den)	onstitutes a third degree	felony as provided for in :	09/02/2022
Required Signa	ature/Incorporator/			200 P
				2022 OCT
				<u>.</u>
				A CONTRACTOR

COVER LETTER

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

SUBJECT:	Gold Shield	Security F	L INC	<u>`</u>
	(PROPOSED CORPORA	TE NAME - MUST-INCLU	DE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	7
□ \$70.00 Filing Fee	▼ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FRОМ: <u>Э</u>	Oksana Kiel Name 0301 W Cour		Dr. Unit 1	226
_	٨	State & Zip		
	773 706 Daytime T	57 95 elephone number		
	GSSILLINOIS DE-mail address: (to be used	a gmail. (d) for future annual report n		2022 OCT
	NOTE: Please provide the o	riginal and one copy of		-4 AMII: 30

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:	Gold S	shield	Securi	ty FL	INC) ~
ARTICLE II PRINCIPAL OFFICE Principal street			Mailing	address, if diff	erent is:	
20301 W Country	Club Dr U	nif1996	3			
Aventura FI						_
The purpose for which the corporation	is organized is:	to p	rovide	Secu	erity	
guara Service	ies for	c pro	itit			
						
The number of shares of stock is: ARTICLE V INITIAL OFFICERS Name and Title:		ski Namo				
Address 20301	W Country	Addr	<u> </u>			
		#1226	1 11 5 7			
Avent	ura, FL	55180-	1626	,	2022	
Name and Title:			and Title:		~ 	
Address		Addr	ess:	··.	<u>.</u>	
				,,,	, 	<u></u>
					<u> </u>	<u> </u>
Name and Title: Ralp	h Brisc	ce Name	e and Title:		30	
Address Se	cretary	Addr	ess:		\/	
1100 E N	erso Rd S	Terte 2	10-B		`\	
Eck C	prove Vil	lage, I	T			
	6,000F					

Name and Title:	•,		Name and Title:		
Address			_ Address:	``	
					
			- - -		
ARTICLE VI REGIST The name and Florida st	TERED AGENT treet address (P.O. Box N	OT acceptable) of	the registered agent	is:	
		rmolae	-		
	950 W T	Dixie	Hwy Apr	333	
No	odso W r	i Bear	eh, FL	33160	
ARTICLE VII INCOM	<u>POKATOK</u>				
The name and address of	-	1 ,	,		
Name:	<u>)ksana</u>	Kieron	rski	Γ	11. 1 1238
Address:)ksana 20301 h Aventura	1 Count	iry Cleet	0 Dr	Until 1000
	trentura.	FL 33	180-165	5G	
	ı				
ARTICLE VIII EFFE Effective date, if other th (If an effective date is li filing.)	CTIVE DATE: nan the date of filing: desisted, the date must be sp	te of Filly pecific and cannot	ot be more than five	TIONAL) e days prior or 9	90 days after the
Note: If the date inserte	d in this block does not me date on the Department of			uirements, this da	ite will not be listed as
	egistered agent to accept so with and accept the appoi				
d.	11/1			0	19/04/22
	Required Signature/Reg	istered Agent			Date
	and affirm that the facts nent of State constitutes a				rmation submitted in a
•	Och				3/02/2022
Required Signature/Inco	risoratory			Date	Tox max
					3/02/3022
					061
					30 30