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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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Account Name : RASI  
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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  
GOLIVE TRAINERS INC

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

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CORPORATIONS  
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**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: GOLIVE TRAINERS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1111 TREASURE CAY CT  
PUNTA GORDA FL 33950

Mailing address, if different is:  
1111 TREASURE CAY CT  
PUNTA GORDA FL 33950

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARC ARNEMANN-President Name and Title: \_\_\_\_\_

Address: 1111 TREASURE CAY CT Address: \_\_\_\_\_  
PUNTA GORDA FL 33950 Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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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: MARC ARNEMANN

Address: 1111 TREASURE CAY CT  
PUNTA GORDA FL 33950

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARC ARNEMANN


Address: 1111 TREASURE CAY CT  
PUNTA GORDA FL 33950

**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 business days prior or 90 business days after the filing.)

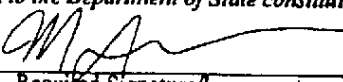
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/19/23  
 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

10/19/23  
 Date