

P24000072502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

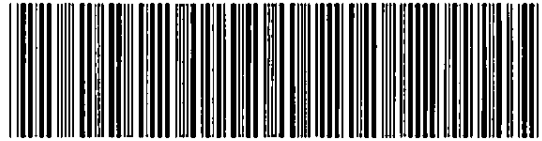
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 DEC -3 PM 3:54

DEPT OF STATE
TALLAHASSEE, FL 32301



FILED

2024 DEC -3 AM 4:00

DEPT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: ___\$70.00_

Authorization Signature: *John G. Allen*
Golden State Capital Inc.

___ Walk in ___ Will wait

___ Certified Copies of the Articles of Organization
___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ LLC
___ Domestication
___X___ INC
___ CORP
___ OTHER

AMENDMENTS

___ Amendment
___ Resignation of R.A.
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Conversion
___ Statement of Authority
___ Merger
___ Amended and Restated Articles

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ Statement of Authority
___ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___ Reinstatement
___ CORRECTION for a LLC
___ Domestication of a Foreign Corp.
___ Other

EXAMINER'S INITIALS: _____

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2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
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Please use funds from the account I20210000160: ___\$___70.00__

Authorization Signature: *James L. Allen*
Golden State Capital Inc.

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EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: GOLDEN STATE CAPITAL INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JACOB ZHANG
Name (Printed or typed)

14738 SW 23rd St
Address

Miami, FL 33185
City, State & Zip

786-227-6928
Daytime Telephone number

C@ivy-cpa.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: GOLDEN STATE CAPITAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2800 Glades Circle STE 159
Weston, FL 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jia Zhang
President, Secretary, Treasurer, Director

Name and Title: _____

Address 2800 Glades Circle STE 159
Weston, FL 33327

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Jia Zhang

Address: 2800 Glades Circle ST 159
Weston, FL 33327

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jia Zhang

Address: 2800 Glades Circle STE 159
Weston, FL 33327

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

张嘉
Required Signature/Registered Agent

11/27/2024
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.

张嘉
Required Signature/Incorporator

11/27/2024
Date

FILED
2024 DEC -3 AM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA