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

SUBJECT:	GOLDEN STOREH	ate name - must include suf	2_ <u>iNC</u>	<u>-</u>			
				-			
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :							
☐ \$70.00 Filing Fee		□\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate				
		ADDITIONAL CO	PY REQUIRED				
FRO	M: PATRICIA Name (Pr	ADAMS		-			
4444 NORLINA 5T							
SPRING HILL, FL, 34608 City, State & Zip = 34608							
353-683-3831 Daytime Telephone number							

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

ne 3/19/98

FILED

ARTICLES OF INCORPORATION

98 MAR 18 AM 9: 10

The undersigned incorporator, for the purpose of forming a corporation under the Floridgegree TARY OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be:
GOLDEN STOREHOUSE NOZ INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
3621 WS-HIGHWAF 19. New PORT RICHELIFE, 34652
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
500
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
PATRICIA A ADAMS 4444 NORLINAST 4444 NORLINAST SPRING HILL, FC, 34608
ARTICLE V INCORPORATOR SPAING 11
The name and address of the incorporator to these Articles of Incorporation are:
OATRICIA A ADAMS
WILLIAM ST
PATRICIA A ADAMS 4444 NORLINAST SPRING HILL, FLC 34608
Datricia 9, adams 3/11/98
Signature/Incorporator Date
(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Satricia 9, adams	3/11/98
Signature/Registered Agent	Date