

TRANSMITTAL LETTER

P99000063447

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

FILED
99 JUL 12 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Golden Solutions, Inc.
(Proposed corporate name - must include suffix)

600002928696--4
-07/12/99--01100--005
*****87.50 *****87.50

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

Golden Solutions, Inc.
Name (Printed or typed)

8124 Harding ave. # 6
Address

Miami Beach, FL 33141
City, State & Zip

(305) 868-2341
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I – NAME

The name of the corporations shall be: Golden Solutions, Inc.

ARTICLE II – PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8124 Harding Avenue
Miami Beach, Florida 33141

ARTICLE III – SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000

ARTICLE IV- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Miguel Martinez
8124 Harding Avenue
Miami Beach, Florida 33141

ARTICLE V – INCORPORATORS

The name and addresses of the incorporator of these Articles of Incorporation are:

Miguel Martinez
8124 Harding Avenue
Miami Beach, Florida 33141



Signature / Incorporator

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.



Signature / Incorporator

7/9/99
Date

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TALLAHASSEE, FLORIDA
CLERK OF STATE