

P23000019876

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
GOLD COAST DEVELOPMENT CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

DEPARTMENT OF STATE
FLORIDA ASSISTANT CLERK
23 MAR 15 PM 12:36
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5:14:15
2023

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 COAST DEVELOPMENT CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

401 SW 125 AVE
MIAMI, FL 33184

Mailing address, if different is:

401 SW 125 AVE
MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER SAMADA - P

Name and Title: _____

Address 401 SW 125 AVE

Address: _____

MIAMI, FL 33184

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CHRISTOPHER SAMADA
Address: 401 SW 125 AVE
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTOPHER SAMADA
Address: 401 SW 125 AVE
MIAMI, FL 33184

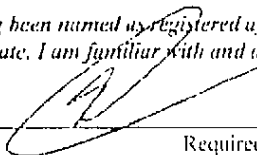
ARTICLE VIII EFFECTIVE DATE:

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.)

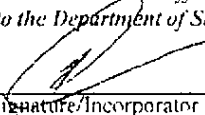
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

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

Date

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CORPORATION SERVICE
DIVISION
TALLAHASSEE, FLORIDA