

L00000004856

Krongold and Todd, P.A.  
Requester's Name

201 Alhambra Circle, Suite 801  
Address

Coral Gables, FL 33134  
City/State/Zip Phone #

600003220526--6  
-04/24/00--01095--014  
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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TALLAHASSEE FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

AMENDMENTS

<input type="checkbox"/> Profit
Name <input type="checkbox"/> Not for Profit
Availability <input checked="" type="checkbox"/> Limited Liability
<input type="checkbox"/> Domestication
Document Examiner <input type="checkbox"/> Other DCC
Update <input type="checkbox"/> OTHER FILINGS
Update <input type="checkbox"/> Annual Report
Verifier <input type="checkbox"/> Fictitious Name DCC
Acknowledgement DCC
W. P. Verifier DCC

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GOLD FIDELITY, L.L.C.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Krongold and Todd, P.A.  
201 Alhambra Circle, 8th Floor  
Coral Gables, FL 33134

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

M. Ronald Krongold

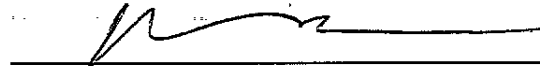
Name

201 Alhambra Circle, 8th Floor

Florida street address (P.O. Box NOT acceptable)  
Coral Gables FL 33134

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.*

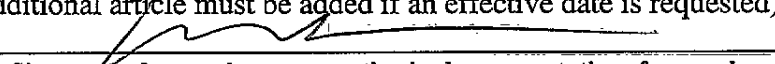


Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

M. Ronald Krongold

Typed or printed name of signee

### FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

FILED  
APR 24 PM 2:00  
STATE OF FLORIDA