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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations	. — — — — — — — — — — — — — — — — — —	·-	
SUBJECT: GoZone, LLC (Name of Limite	d Liability Company)		
The enclosed Articles of Organization and fee(s) are s Please return all correspondence concerning this matter	_		
DeAnna D. Bernardo	Name of Person)		
GoZone, LLC	(Firm/Company)		
2148 Algeria Street, NE	(Address)		
Palm Bay, Florida 32905		7 ₈ 0	
(City	/State and Zip Code)	ECRETOR	
DeAnna D. Bernardo (Name of Person)	at (614) 804-5961 (Area Code & Daytime T	SEURE IV. Y LOT STATE FLORIDA Number) Number Number) Number Number Number Number) Number Numbe	10°
Enclosed is a check for the following amount:		OF C	
□ \$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS: MAILING ADDRESS: Pagistration Section Pagistration Section			

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
GoZone, LLC	
ARTICLE II - Address: The mailing address and street address of the j	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2148 Algeria Street, NE Palm Bay, Florida 32905	2148 Algeria Street, NE S
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature
The name and the Florida street address of the	registered agent are:
DeAnna D. Beranrdo	DE D
Nam	e
2148 Algeria Street, NE	_
Florida street a	ddress (P.O. Box NOT acceptable)
Palm Bay	FL 32905
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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
- Manager	DeAnna D. Beranrdo 2148 Algeria Street NE Palm Bay, Florida 32905
(Use attachment if necessary)	ECCLAR T
NOTE: An additional article must be a	dded if an effective date is requested.
REQUIRED SIGNATURE:	For the state of t
Signature of a member or a	Blunds S S an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

DeAnna D. Bernardo

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)