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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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((H150001147453)))



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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : CORP USA
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2015 MAY 11 AM 8:45
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
 CYBER GOLD, LLC**

RECEIVED
 15 MAY 11 AM 10:00
 BUREAU OF CORPORATIONS
 INFORMATION SERVICES

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

94192

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
 EXAMINER
 MAY 12 2015

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H15000114743

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cyber Gold, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Feldman
Name of Person

GoldKrown Fund, LLC
Firm/Company

201 Alhambra Circle Ste 514
Address

Miami, FL 33134
City/State and Zip Code

jfeldman@goldkrown.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Feldman at (866) 391 4757
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2015 MAY 11 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cyber Gold LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>201 Alhambra Circle Ste 514</u> <u>Miami, FL 33134</u>	<u>201 Alhambra Circle Ste 514</u> <u>Miami, FL 33134</u>

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

<u>Ronald Krugold</u>		
Name		
<u>201 Alhambra Circle Ste 514</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Miami</u>	<u>FL</u>	<u>33134</u>
City	State	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 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2015 MAY 11 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

MGR

Ronald Krongold
281 Alhambra Circle Ste 514
Miami, FL 33134

Lacey Goldblum
281 Alhambra Circle Ste 514
Miami, FL 33134

(Use attachment if necessary)

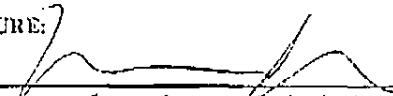
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.317.155, F.S.)

Ronald Krongold
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)