

**W03000024812**

## Florida Department of State

Division of Corporations

Public Access System

## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

GO 4 IT, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**W03-24812****QR**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GO 4 IT, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1080 SW 1st TERRACE  
POMPANO BEACH, FL 33060

**Mailing Address:**

1080 SW 1st TERRACE  
POMPANO BEACH, FL 33060

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

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

MELISSA COROMINAS

Name

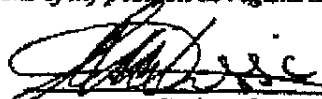
1080 SW 1st TERRACE

Florida street address (P.O. Box NOT acceptable)

POMPANO BEACH, FL 33060

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:****MGRM****MELISSA COROMINAS****1080 SW 1st TERRACE****POMPANO BEACH, FL 33060**

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**


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

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MELISSA COROMINAS**

Typed or printed name of signer

**Filing Fees:****\$144.00 Filing Fee for Articles of Organization****\$ 25.00 Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**