

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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M. HODGES

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Harriet Goldne (Name of Limite	d Liability Company)		
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	Harriet Goldn	er		
	(Name of Person)		
Harriet Goldner, LLC (Firm/Company)				
P.O. Box 480003				
		(Address)		
P.O. Box 480003 (Address) Delray Beach, FL 33448 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
- Harriet	Goldner e of Person)	at (576/) 483 - 8 (Area Code & Daytime T	2378 elephone 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)	\$\square\ \$160.00\ \text{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/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability Company, "Limited Comp	any" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mai	ling Address:			
10081 Spyglaso Way Roca Raton, FL 33498	P.O. Box 480003 Delray Beach, FL 33448			
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its own Registered Agents) business entity with an active Florida registration.)	ee, & Registered Agent's Signature: ent. You must designate an individual or another			
The name and the Florida street address of the register	red agent are:			
Harriet Gold	iner			
Florida street address (P.O. Box NOT acceptable)				
Boca Raton FL City, State, and Zip	<u>33498</u>			
Having been named as registered agent and to accept liability company at the place designated in this cer registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete perform accept the obligations of my position as registered	rtificate, I hereby accept the appointment as rther agree to comply with the provisions of all ance of my duties, and I am familiar with and			
Registered Agent's Signature (RI				
(CONTINUED) Page 1 of 2	JAN 27 AH IO: 21			

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 MGRM Harriet Goldner P.O. Box 480003 Delray Beach, FL 33494

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January</u> 33,30% (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.)

REQUIRED SIGNATURE:

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.)

Harriet Goldner
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)