

06000 115869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

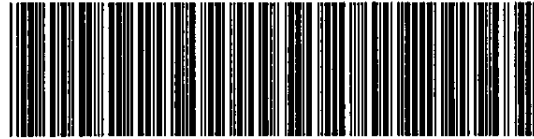
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-4  
[Signature]

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOAT Holdings, LLC.

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

Please return all correspondence concerning this matter to the following:

JenAnn Eilertsen  
GOAT Holdings, LLC.  
21039 5<sup>th</sup> Ave.  
Cudjoe Key, 33042

For further information concerning this matter, please call:

JenAnn Eilertsen at (305) 731-6274

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Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status & Certified  
Copy

**Mailing Address**

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

**Street/Courier Address**

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: GOAT Holdings, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

21039 5<sup>th</sup> Ave.  
Cudjoe Key, FL 33042

**Mailing Address:**

P.O. Box 6462  
Key West, FL 33040

**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:

William Chalfant

\_\_\_\_\_  
Name

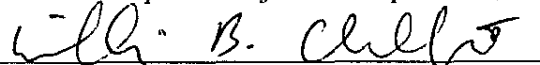
21039 5<sup>th</sup> Ave.

\_\_\_\_\_  
Florida street address (P.O. Box **NOT** acceptable)

Cudjoe Key, FL, 33042

\_\_\_\_\_  
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 (REQUIRED)

**(CONTINUED)**

**Page 1 of 2**

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

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

**Title:** **Name and Address:**

"MGRM" = Managing Member

MGRM JenAnn Eilertsen  
21039 5<sup>th</sup> Ave.  
Cudjoe Key, FL 33042

MGRM Claudia Marin  
21039 5<sup>th</sup> Ave.  
Cudjoe Key, FL 33042

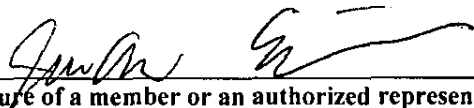
MGRM William Chalfant  
21039 5<sup>th</sup> Ave.  
Cudjoe Key, FL 33042

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**ARTICLE V:** Effective date, if other than the date of filing: 11/28/2006

(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.)

JenAnn Eilertsen

\_\_\_\_\_  
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)