

LO7000046965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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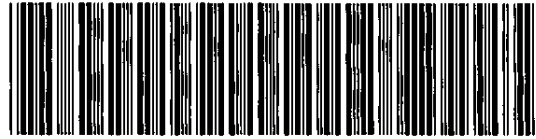
(Business Entity Name)

(Document Number)

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07 MAY -3 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANYSM

1201 Hays Street
Tallahassee, FL 32301
850-521-1000
850-521-1010(fax)

Account Number: 072100000032

Client Account Number:

Cost Limit: \$155

Authorization::

Contact: Harry Davis

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TALLAHASSEE, FLORIDA
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Corporation Name(s) & Document number(s)

1)GoldenWood and Friends, LLC

___ Stamped Copy xx: Certified Copy

Type of Filings:

<u>New Filings</u>	<u>Amendment</u>	<u>Qualification</u>
___ Profit	___ Amendment	___ Profit
___ NFP	___ COA	___ NFP
XX LLC	___ Dissolution/Withdrawal	___ LLC
___ LTD	___ Merger	___ LTD

Other:

___ Annual Report ___ Fictitious Name ___ Reinstatement

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GoldenWood and Friends, LLC

(Must end with the words "Limited Liability Company," "Limited Company" 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:

3020 Aviation Boulevard

Vero Beach, FL 32960

Mailing Address:

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:

Bruce D. Barkett, Esq.

Name

756 Beachland Boulevard

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

Vero Beach, FL 32963

FL

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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FLORIDA

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:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Melvin C. Miller

3020 Aviation Boulevard

Vero Beach, FL 32960

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 3, 2007. (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.)

Bruce D. Barkett

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)