

L080UND 60160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

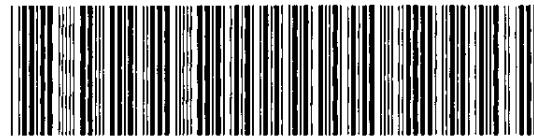
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
08 JUN 18 AM 9:35
TALLAHASSEE, FLORIDA
STATE

06/17/08--01012--018 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 JUN 17 AM 11:07
NOT RELEASED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

JUN 19 2008

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. GOLDEN ROSE LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in
☐ Mail out

☒ Pick up time 2:00
☐ Will wait

☐ Photocopy

☒ Certified Copy
☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2008

LAZARUS

TALLAHASSEE, FL

SUBJECT: GOLDEN ROSE LLC
Ref. Number: W08000029332

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08 JUN 18 AM 9:35
STATE RECEIVED
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JUN 18 PM 4:20

We have received your document for GOLDEN ROSE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 508A00036904

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

**ARTICLE I
NAME**

The name of the Limited Liability Company is: GOLDEN ROSE INVESTMENTS

**ARTICLE II
ADDRESS**

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

Principal Office Address:

7280 NW 114 AVE apt 204
Doral FL 33178

Mailing Address:

7280 NW 114 AVE apt 204
Doral FL 33178

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S
SIGNATURE**

The name and the address (Florida) of the initial registered agent is:

Osvaldo Martinez
name

782 NW 42 Ave # 2
Miami FL 33126
Florida address

Located in the county,
Miami Dade

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..

Osvaldo Martinez
Registered Agent's Signature

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STATE
LEGISLATURE
FLORIDA

ARTICLE IV
MANAGER(S) OR MANAGING MEMBER(S)

The management of the limited liability company is reserved for the Members and the name and address of the member of the limited liability company are:

Title:

Name and Address:

MGR (manager 33.33 %)

Peggy Briceno
7280 NW 114 AVE apt 204
Doral FL 33178

MGR (manager 33.33%)

Jose Castillo
5620 NW 114 Path apt 106
Doral Fl 33178

MGR (manager 33.33%)

Juan Ospina
3663 Estepona Ave apt B29
Doral Fl 33178

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read "Peggy Briceno", written over a horizontal line.

Signature of a member or an authorized representative

(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)

Peggy Briceno

Typed or printed name of signee