

L090000062810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

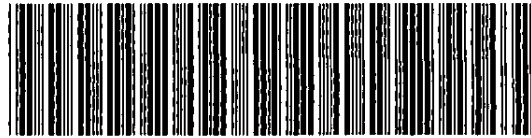
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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12/30/08--01004--001 \*\*130.00

Effective Date 12/20/08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 30 PM 4:54

T. HAMPTON

JAN - 9 2009

EXAMINER

916665-8000

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EL GOYA LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

BETTY ADAMS

(Name of Person)

GI ENTERTAINMENT

(Firm/Company)

PO BOX 13109

(Address)

TAMPA, FLORIDA 33681

(City/State and Zip Code)

For further information concerning this matter, please call:

BETTY ADAMS at 813 2420565  
(Name of Person) (Area Code & Daytime Telephone 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)    ☐ \$160.00 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JAN -8 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 31, 2008

BETTY ADAMS  
GI ENTERTAINMENT  
P O BOX 13109  
TAMPA, FL 33681

SUBJECT: EL GOYA LLC  
Ref. Number: W08000057246

We have received your document for EL GOYA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 308A00062079

Effective Date

12/20/08

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

EL GOYA LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

PO BOX 13109 3640 S. WESTSHORE BLVD  
TAMPA, FL 33629

#### Mailing Address:

PO BOX 13109  
TAMPA, FL 33681

### 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:

OLSON & BEARDEN PA

Name

200 N. PIERCE ST.

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

TAMPA, FLORIDA FL 33681

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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08 DEC 30 PM 4:54

**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

RICHARD CALDERONI

PO BOX 13109

TAMPA, FL. 33681

MGRM

AMIR MAHDIEH

PO BOX 13109

TAMPA, FL. 33681

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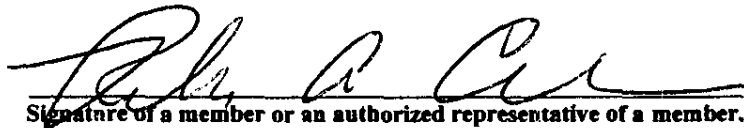
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/30/08 (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.)

**RICHARD CALDERONI**

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)

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DIVISION OF CORPORATIONS  
08 DEC 30 PM 4:54