Division of Corporations Public Access System

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Division of Corporations

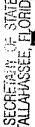
Fax Number : (850) 617-6383

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368



LORIDA/FOREIGN LIMITED LIABILITY CO.

We Buy Gold 123 LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | ₩3 |
| Estimated Charge | \$160.00 |

EXAMINER

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Corporate Filing Menu

Help

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 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, "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: Mailing Address; |
| 9100 white Bluff Rd 9100 white Bluff Rd Swite 502 Swite 502 Savannah, GA 31406 Savannah, GA 31406 |
| 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 Planda registration.) |
| The name and the Florida street address of the registered agent are: |
| C T Corporation System |
| Name |
| 1200 South Pine Island Road |
| Florida street address (P.O. Box NOT acceptable) |
| Plantation FL 33324 |
| 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.

C T Corporation System

Michael Scraphin Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)
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The name and address of each Manager or Managing Member is as follows: ALL AHASSEE, FLORIDA Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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 populties of perjury that the facts stated herein are true.) Typed or printed name of signee

Fibag Fors:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

8.00 Cortificate of Status (Optional)

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S & 3