L09000115145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300162769553

11/16/09--01041--005 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 PM 2:39

T. HAMPTON

DEC - 3 2009

EXAMINER

ATX1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDEN GREEK 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:

CLAUDIA ARAUJO
Name of Person

GOLDEN GREEK LLC
Firm/Company

1845 NW 112 AVENUE, Suite 189
Address

MIAMI, FL 33172
City/State and Zip Code

caraujo@terbol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA ARAUJO at 305-592-3888
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

[X] $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 DEC -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 17, 2009

CLAUDIA ARAUJO
1845 NW 112 AVE
STE 189
MIAMI, FL 33172

SUBJECT: GOLDEN GREEK LLC
Ref. Number: W09000050720

We have received your document for GOLDEN GREEK LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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: 509A00035832

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

GOLDEN GREEK 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:	**Mailing Address:**
GOLDEN GREEK LLC	GOLDEN GREEK LLC
1845 NW 112 AVENUE, Suite 189	1845 NW 112 AVENUE, Suite 189
MIAMI, FL 33172	MIAMI, FL 33172

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:

HUGO M. MORALES
Name

1845 NW 112 AVENUE, STE 189
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33172
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 PM 2:39

(CONTINUED)

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:**
MGR	HUGO M. MORALES 1845 NW 112 AVENUE, SUITE 189 MIAMI, FLORIDA 33172
MGRM	TAMARA MONASTERIO 1845 NW 112 AVENUE, SUITE 189 MIAMI, FLORIDA 33172

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

HUGO M. MORALES
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 PM 2:39