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TO: Registration S Division of Co		•	.
SUBJECT: GOL	DEN GIATEWAY	Cla	
SUBJECT: GOLDEN GATEWAY CLC. Name of Limited Liability Company			
,	,	n . ,	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
MARCIC	AUENDANA	NUNES	
	•	Name of Person	
(ROLDEN	GATEWAY	ilc.	
		Firm/Company	
	NE 31 AUF		
		Address	
FOILT ,	hAUDOZDALE,	F2 3330 5 ty/State and Zip Code	
-	Ći	y/State and Zip Code	
MARCO	DGOLDEN GUATEU	for future annual report notification)	
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
MARCIO A. Name	NUNES of Person	at (321) 624-64 Area Code & Daytime Teleph	one Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Cir	cle

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 Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
2018 NE 31 AJE FLOILLIA 33305	5324 MillENIA ORLANDO FL. 3	1 BLUD 2839
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the r	-	ASE S
MARCIO AVENDA	ha nones	CRE AH
MARCIO AUENDANA NONES Name 5324 MILLENIA BLVD Florida street address (P.O. Box NOT acceptable) ORLANNO FL 32839 City, State, and Zip		
() RLANNO	32839	FLORA I
City, Sta	ate, and Zip	RD S
(CONTI	his certificate, I hereby accept v. I further agree to comply with rformance of my duties, and I do stered agent as provided for in ure (REQUIRED)	the appointment as th the provisions of all am familiar with and
Page 1	of 2	

The name and address of each Mana	get of Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Pæsident-CFO	ROBERT E. SIMPSON 2018 NE 31 ANE FORT LANSON DALE FL 33305
UP. CEO	JOHN P. WHITE 2018 NE 31 AUE FORT LAUDELDALE FL, 33305
MANAGER DIRECTOR	WILLIAN E. HICKS: 2018 NE 31 AVE FORT LANDER MALE FL, 33305
MANAGUEL DIRECTOR	MARCIO A. NUNES: 2018 NE 31 AUE, FORT NANDERDAGE FC, 33305
(Use attachment if necessary)	•
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	rdsmoot pues:
Signature of a member	er or an authorized representative of a member.

ARTICLE IV- Manager(s) or Managing Member(s):

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)

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARCIO AVENDANA NUNES.

Typed or printed name of signee