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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
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Certified Copies	Certificates	of Status	
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Special Instructions to	Filing Officer		
Special instructions to 1 ling Officer.			

Office Use Only



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EXAMINER NOV 15 2010

# , COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Gold Na	CO Antiques LLC me of Limited Liability Company	
The enclosed Articles of Organization and	fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
- Brigg	itte A. Lorenzo Name of Person	
Gold	Nico Antiques LLC Firm/Company	
77	3 Delphia St. Address	
O <sub>Y</sub>	lando, FL 32807 City/State and Zip Code	
<u>hamlo</u> E-mail address:	OVENZO & Yahoo Com (to be used for future annual report notification)	
For further information concerning this m	atter, please call:	
Briggite Lovenz	at (407) 273 - 9987  Area Code & Daytime Telephone Number	
Enclosed is a check for the following	amount:	
\$125.00 Filing Fee \$130.00 Filing Certificate of		
Mailing Addre Registration Sec Division of Co P.O. Box 6327 Tallahassee, FL	reporations Registration Section Porations Division of Corporations Clifton Building	

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Gold Nico Ant (Must end with the words "Limited Li	ability 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:
7713 Delphia St. Orlando, FL 32807	7713 Delphia St Orlando, FL 32807
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
Briggitte A	Lovenzo  me  phia St.
7713 Delp	me  bhia St.  address (P.O. Box NOT acceptable)
Florida street	
Ovlando	FL 32807 State, and Zip
City,	State, and Zip
	to accept service of process for the above stated limited

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..

,,

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Briggitte A. Lorenzo 7713 Delphia St. Orlando, FL 32807
,	
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must so or 90 days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Driggitte A. Loveuzo
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)