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"SECREJARY OF STATE: ALLAHASSEE, FLORIDA

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C. LEWIS
FEB - 3 2011
EXAMINER

# **COVER LETTER**

TO: Registration Section 2 Division of Corporations
SUBJECT: Florida Cash for Gold Plus 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:
Nancy Nichols
Name of Person
Florida Cash for Gold Plus LLC.
Firm/Company
140 Cypress Club Drive, Apt 429
Address
Pompano Beach, FL 33060
City/State and Zip Code
nan_boop3@yahoo.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nancy Nichols at / 956 491-2726
Name of Person at (956) 491-2726  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \( \subseteq \)\$130.00 Filing Fee \( \chi \)  Certificate of Status  Certified Copy (additional copy is enclosed)  (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status \( \chi \) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AF	{T}	CI	Æ	I-	Na	m	е:

The name of the Limited Liability Company is:

# Florida Cash for Gold Plus 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:** 

140 Cypress Club Drive, Apt 429 Pompano Beach, FL 33060 140 Cypress Club Drive, Apt 429 Pompano Beach, FL 33060

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:

**Nancy Nichols** 

Name

140 Cypress Club Drive, Apt 429

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

Pompano Beach

<sub>FL</sub> 33060

City, State, and Zip

2011 FEB -2 AM 11: 45 SECRETARY OF STATE.

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

i <u>tle:</u> MGR" = Manager MGRM" = Managing Member GRM	ALLAHASSEOF
MGRM" = Managing Member	
GRM	Name and Address: IALLAHASSEE, FI
GKM	
	Nancy Nichols 140 Cypress Club Drive, Apt 429
	Pompano Beach, FL 33060
	Tompano Bodon, i E occoo
las attaches aut if magazana)	
Jse attachment if necessary)	
E V: Effective date, if other than th	e date of filing: 02/08/11 . (OPTIONA
ctive date is listed, the date must	be specific and cannot be more than five business day
ays after the date of filing.)	•
., <b>.</b> .,	
•	
EQUIRED SIGNATURE:	
•	
•	my S
EQUIRED SIGNATURE:	ber or an authorised representative of a member.
EQUIRED SIGNATURE:  Signature of a memb	
EQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation und	08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.
EQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)