Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. GOLDEN INVESTORS LLC

Certificate of Status

Certified Copy

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Page Count

03

Estimated Charge

\$130.00

Electronic Filing Menu

Corporate Filing Menu

HelpJ. BRYAN

FEB 17 2011

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
GOLDEN INVESTORS 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:
3831 SW 147 AVE SAME
MIAM! FL 33/85
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company carnot serve as its own Registered Agent. You must designed an individual or higher business entity with an active Florida registration.)
The hanc and the Florida street address of the registered agent are:
PEDRO LUIS CHICO Name 3831 SW 147 AVE aptions
Name
383/ SW 147 AVE apt 10 For S
Florida street address (P.O. Box NOT acceptable)
MIAM EL 33185
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 Agents Signature (REQUIRED)
(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager (s)

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	PEDRO LUIS CHICO 3831 SW 147 AVE APT 101
	miram: FL 33185
	AARTA AARTA
	The state of the s
(Use attachment if necessary)	STATE LORIDI
ARTICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
o or 90 days after the date of filing.)	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 608.4 constitutes an affirmation under the law gware that any false information and section for the section of the section for the	08(3), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. It is not submitted in a document to the Department of State as provided for in s.817.155, F.S.)
	LUIS CHICO ed or printed name of signee
Турс	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)

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