

L11000094152

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000205001 3)))



H110002050013ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

FILED
11 AUG 16 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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 HOME II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

11 AUG 16 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GOLDEN HOME II, LLC

FILED
11 AUG 16 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is:

GOLDEN HOME II, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3363 NE 163 Street
Unit 504
North Miami Beach, FL 33160

Mailing Address:

3363 NE 163 Street
Unit 504
North Miami Beach, FL 33160

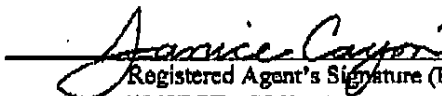
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Worldwide Corporate Administrators, LLC
2330 Ponce de Leon Blvd Suite 201
Coral Gables, FL 33134

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.F..


Registered Agent's Signature (REQUIRED)
JANICE CAYON

(Continued)

ARTICLE IV – Manager(s) or Managing Member(s)

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

Title:
Managing Member

Name and Address:
Roberta Dias Da Silva
3363 NE 163 Street Unit 504
Miami, FL 33160

FILED
11 AUG 16 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Roberta Dias

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 the 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.)

Roberta Dias Da Silva

Typed or printed name of signee