L11000118521

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SECRETARY OF STATE

C. LEWIS

OCT 18 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2011

JODY LANE, ESQ. REICH & MANCINI, P.A. 150 SW CHAMBER CT, SUITE 205 PORT SAINT LUCIE, FL 34986

SUBJECT: A POT OF GOLD, LLC Ref. Number: W11000051352

We have received your document for A POT OF GOLD, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00022915

COVER LETTER

		Registration S Division of Co				
	SURIFC	т. А РОТ	OF GOLD, LLC			
	SOBJEC	1.		ted Liability Co	mpany	, <u>, , , , , , , , , , , , , , , , , , </u>
	The engle	and Aminina of	'Organization and fac(s) are	auhmittad fan f	Ilina	
			Organization and fee(s) are		_	
	Please ret	urn all correspo	ondence concerning this mat	ter to the follow	ving:	
	<u> ქ</u>	ody Lan	<u>e, Esquire</u>			
				Name of Person	1	
	<u>F</u>	REICH &	MANCINI, P.A.			
				Firm/Company		
	1	50 SW C	Chamber Ct, Ste	205		
				Address		
	Po	ort Saint L	ucie, FL 34986			
			 	ty/State and Zip (Code	
	<u>jla</u>	ıne@reich	andmancini.com E-mail address: (to be used	C C-41		
	E 6 4				report notification)
	For furthe	r information o	concerning this matter, pleas	e call:		
	Jody L	ane		at (772	878-980	elephone Number
		Name o	f Person	Area (Code & Daytime T	elephone Number
	Enclosed	is a check fo	r the following amount:			
V	\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy 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	Regis Divis Clifto 2661	t/Courier Addrestration Section ion of Corporation Building Executive Centernassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
A BUCKET OF GOLD, LLC					
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
1924 SW Jamesport Drive	1924 SW Jamesport Drive				
Port Saint Lucie, FL 34953	Port Saint Lucie, FL 34953				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another				
The name and the Florida street address of the r	registered agent are: TALLAHASSI TALLAHASSI				
George Sabaj	CRETARY SSI				
Name	SERY #				
1924 SW Jamesp	port Drive				

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Port Saint Lucie

(CONTINUED)

Page 1 of 2

FILED

"MGR" = Manager "MGRM" = Managing Memb	Name and Address: SECRETARY OF TALLAHASSEE. H
MGRM	George Sabaj
	1924 SW Jamesport Drive
	Port Saint Lucie, FL 34953
	han the date of filing: (OPTIONA
fective date is listed, the date	han the date of filing: (OPTIONA must be specific and cannot be more than five business day
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