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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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C. LEWIS
JAN 17 2012
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Orlando Gold Refinery	LLC	
	ted Liability Comp	pany
The enclosed Articles of Organization and fee(s) are	submitted for filir	ng.
Please return all correspondence concerning this mat	ter to the followin	g:
John Timmerman		
	Name of Person	
Orlando Gold Refinery LL	C .	
	Firm/Company	
7351 Millstone St.		
	Address	
Windermere, FL 34786		
	y/State and Zip Cod	е
john@orlandogoldrefinery.com		
E-mail address: (to be used)	for future annual rep	ort notification)
For further information concerning this matter, please	e call:	
John Timmerman	at (407	536-8852
Name of Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the following amount:		_
\$125.00 Filing Fee \$\ Certificate of Status	L \$155.00 Fili Certified Co (additional cop	ppy Certificate of Status &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	ourier Address ion Section of Corporations Building ecutive Center Circle see, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Con	mpany is:		
Orlando Gold Refinery L	LC		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Lia	ability Company is:	
Principal Office Address:	Mailing Address:		
8815 Conroy-Windermere Rd.	8815 Conroy-Windermere Rd	l .	
Suite #230	Suite #230		
Orlando, FL 32835	Orlando, FL 32835		
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration.	egistered Office, & Registered Agent's s own Registered Agent. You must designate an individ	dual or another	
The name and the Florida street address	ss of the registered agent are:	2012 JAN SECRETA	
John Timmerm	an	JAN 13 The Taker AHASSE	ļ
	Name	Aica Aica Aica	-
8815 Conroy	-Windermere Rd. #230	——————————————————————————————————————	7
Florid	a street address (P.O. Box NOT acceptable)		

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

_{FL} 32835

Registered Agent's Signature (REQUIRED)

Orlando

(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:

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MGRM	John Timmerman	
	7351 Millstone St.	
	Windermere, FL 34786	
MGRM	Timothy O'Dell	
	212 West Cottesmore Circle	
	Longwood, FL 32779	
· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)		

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.)

John Timmerman

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)