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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Golden Keystone, LLC	
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Damaris J. Agosto	
	Name of Person
Bank of Coral Gables, LLC	
	Firm/Company
2295 Galiano Street	
	Address
Coral Gables, FL 33134	
	y/State and Zip Code
dagosto@bcgfla.com	or future annual report notification)
·	·
For further information concerning this matter, please	call:
Damaris J. Agosto	at (305) 500-9501
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional 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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	
Golden Keystone, LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
2295 Galiano Street Coral Gables, FL 33134	2295 Galiano Street Coral Gables, FL 33134
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the Bank of Coral Gables, Name	tered Agent. You must designate an individual or another registered agent are:
2295 Galiano Str	eet
	dress (P.O. Box NOT acceptable)
Coral Gables	FL 33134
City, St	ate, and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
U	
Registered Agent's Signat	ECRET
(CONTIN	UED)
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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
William Wallaging Wellion	
MGR	Miguel E. Cano
	2295 Galiano Street
	Coral Gables, FL 33134
MGR	Milton Espinoza
	2295 Galiano Street
	Coral Gables, FL 33134
MGR	William H. Kerdyk, Jr
	2295 Galiano Street
	Coral Gables, FL 33134
MGR	Carlos Lopez-Cantera
	2295 Galiano Street
	Coral Gables, FL 33134
(Use attachment if necessary) LE V: Effective date, if other than the	ne date of filing: (OPTIONA
ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business day
REQUIRED SIGNATURE:	0
REQUIRED SIGNATURE:	·wh

(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.)

Miguel E. Cano

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)