L12000 119615

(Requestor's Name)			
(Address)			
,			
(A)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



800239130908

09/13/12--01033--018 **130.00

Effective Date 9/7/12

12 SEP 13 AM 10:

SEGRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 1 9 2012

T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Golden Daisy LLC. Name of Limited Liability Company
	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
-	Sunshine Knutson Name of Person
-	Golden Daisy Cafe
_	5045 Ringwood Medow
_	Sarasota, FL 34235
_	City/State and Zip Code SKN 450N 2 Q Yahoo . Com E-mail address: (to be used for future annual report notification)
For furtl	her information concerning this matter, please call:
Cath	Name of Person at (941), 780-6574 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \\ \text{CERTIFICATE OF STATUS (additional copy is enclosed)} \\ \text{CERTIFICATE OF STATUS & Certified Copy (additional copy is enclosed)} \\ \text{CERTIFICATE OF STATUS & Certified Copy (additional copy is enclosed)} \\ \text{CERTIFICATE OF STATUS & Certified Copy (additional copy is enclosed)} \\ \text{CERTIFICATE OF STATUS & Certified Copy (additional copy is enclosed)} \\ CERTIFICATE OF STATUS &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Effective Date 9/7/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LI.C.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	Comp	any is:
Principal Office Address: Mailing Address:		
5045 Ringwood Meadow 5045 Ringwood Sarasota, Fr. 34235 Sarasota, Fr.	Me. -34	edon 235
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)	i ture: inother	
The name and the Florida street address of the registered agent are:		
Sunshine Knutson		
Name		
5/85 Lake Village Dr.		
Florida street address (P.O. Box Not acceptable)		
City, State, and Zip		
Having been named as registered agent and to accept service of process for the above solved liability company at the place designated in this certificate, I hereby accept the apportunity agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter	intmer ovisior iar wit	nt as ns of all th and
Registered Agent's Signature (REQUIRED)	12 SEP	SECRE
(CONTINUED)	13 AH 10:	FILED MARY OF S OF CORPOR
Page 1 of 2	ب	

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

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	Sunshine Knuts 5185 Pake VIII Sarasota tu 342	an Tage Dr.
<u>MGRM</u>	Catherine Wilker 5322 Exercised Sarasota FC 3	Run 4235
(Use attachment if necessary)		
	e date of filing: $9-7-2012$. (One specific and cannot be more than five business)	
REQUIRED SIGNATURE:		
Signature of a memb	er or an authorized representative of a member.	
constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this documer the penalties of perjury that the facts stated herein armation submitted in a document to the Department of my as provided for in s.817.155, F.S.)	re true.
<u> Suns</u>	hing Knutson	→ 9
•	yped or printed name of signee	SECH VISION 2 SEP
Filing Fees:	yped or printed name of signee	SECRETAR VISION OF 13
		EWE NOT ST
<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Org	anization and Designation	SECHETARY OF SIX VISION OF CORPORATE 2 SEP 13 AM 10: