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(((H12000260355 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name : LAZARUS CORPORATE FILING SERVIC

Account Number: I2000000019 Phone

: (305)552-5973

Fax Number

: (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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|        |          |               |      |      |  |

## FLORIDA LIMITED LIABILITY CO.

## **GOLDY MAX LLC**

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

Electronic Filing Menu

Corporate Filing Men MCLEODIP

OCT 31 2012

**EXAMINER** 

## H12000260355

| Company is:  C ds "Limited Liability Company, "L.L.C.," or "LL.C.")  |
|--|
| ds "Limited Liability Company, "L.L.C.," or "LLC.")  |
|  |
|  |
|  |
| dress of the principal office of the Limited Liability Company is:   |
| Mailing Address:   |
| 1455 HANTINGUE CT.   |
| - APAST 6505   |
| WESHV / FT JJUU.   |
| nt, Registered Office, & Registered Agent's Signature: re as its own Registered Agent. You must designate an individual or another retion.)  |
| ddress of the registered agent are:  |
| Name Name  |
| WESTON RD. STE 232   |
| Florida street address (P.O. Box NOT acceptable)   |
| STON FL 33331  |
| City, State, and Zip   |
| d agent and to accept service of process for the above stated limited designated in this certificate, I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of all and complete performance of my duties, and I am familiar with and position as registered agent as provided for in Chapter 608, F.S |
|  |

(CONTINUED) Page 1 of 2

## H12000260355

| <u>'itle:</u><br>MGR" = Manager<br>MGRM" = Managii   | ng Member   | Name and Address:  |               |
|--|---|--|---------------|
| MORM   |   | ISMAEL LONGO<br>4474 WESTON PD. S<br>WESTON FL 33331   | )<br><u>[</u> |
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| Use attachment if n  | • •   | data of filing: (OPT   | <u>-</u>      |
| E V: Effective date ective date lasted lays after the date   | e, if other than the of the date must be of filing.)  | date of filing: (OPT specific and cannot be more than five busine  |               |
| EV: Effective date ective date lays after the date the date the date the date the date significant sig | e, if other than the of the date must be of filing.)  ATURE:  | specific and cannot be more than five busines  |               |
| E V: Effective date ective date lays after the date EEQUIRED SIGN  | e, if other than the of, the date must be of filing.)  ATURE:  gnature of a member of this document constitute the facts stated h | specific and cannot be more than five busines of a member.  The control of the control of a member.  The control of the contro |               |

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)