Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000144163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

D.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (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.

Email Address:

FLORIDA LIMITED LIABILITY CO. GOLDEN STATION NORTH MIAMI GAS

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

Electronic Filing Menu Corporate Filing Menu

JAN 2 1 2013 D. BRUCE

H130000014418

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GolDER	5+A+100	North	MIAMI	GAS	260
(Must end with the words "					

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Princi	oal Ó	ffice.	Addı	ress:
V	N 44 1 V	*****	744.	1000

Mailing Address:

98NE 167Th ST
North MIAMI Brach
TL 33162 - 3401

98NE 167Th 5+	
Hoeth MIAMI BRACK	_
TL 33162 - 3401	_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Thamayea BastaceEchea Name

98 NE 167Th 5+ North MIAM!
Florida street address (P.O. Box NOT acceptable)

Deach FL 33162-340

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H13000014418

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Thomayor Bastorrechor 98NEIGTTH ST HORTH MIAH
MGRM	MARIA Esther GARCIA
	MAN. BRACK FL 33162-3401
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Effective date, if other the lifective date is listed, the date is	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pr
LE V: Effective date, if other the	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pr
LE V: Effective date, if other the factive date is listed, the date is days after the date of filing.)	must be specific and cannot be more than five business days pr
LE V: Effective date, if other the factive date is listed, the date is days after the date of filing.)	must be specific and cannot be more than five business days pr
LE V: Effective date, if other the factive date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business days pr

Page 2 of 2