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SECRETARY DE STAFF

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Gold	IFIo Marketing	J LLC	
SUBJECT:	-	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Raphae	el Bennett		
		Name of Person	
GoldFlo	Marketing		
		Firm/Company	
4607 w	fig street unit	201	
		Address	
Tampa	, Florida 3360	9	
		y/State and Zip Code	
goldfloma	rketing@gmail.co	M for future annual report notification)	
		•	
For further information	concerning this matter, please		
Raphael B	ennett	$_{at}$ (850) 637-29	945
Name	of Person	Area Code & Daytime Telep	
Enclosed is a check f	or the following amount:		
■\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 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	Street/Courier Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: Limited Liability Co	ompany is:	
	•	• •	
GoldFlo Marketing LLC			_
(M	lust end with the words "	'Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street addre	ess of the principal office of the Limited Liability	Company is:
Principal Office	Address:	Mailing Address:	
4607 W fig street unit 201		4607 w fig street unit 201	
Tampa Florida 33609		Tampa Florida 33609	
	 		
business entity with an	active Florida registratio	ress of the registered agent are:	13 JUN FIL
			別に
	4607 w fig street unit	t 201 rida street address (P.O. Box <u>NOT</u> acceptable)	河里口
	Tampa	33609	
		City, State, and Zip	
liability compa registered agent all statutes rela	any at the place design and agree to act in ting to the proper a	gent and to accept service of process for the above signated in this certificate, I hereby accept the appointhis capacity. I further agree to comply with the fund complete performance of my duties, and I am fosition as registered agent as provided for in Chap	ointment as provisions of amiliar with

(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:

"MGR" = Manager "MGRM" = Managir	Name and Address: ng Member
MGRM	Raphael Bennett
	4607 w fig street unit 201 Tampa, FI 33609
(Ligo attacker ant if a	200000#1)
	e, if other than the date of filing: 6/24/2013 (OPTION d, the date must be specific and cannot be more than five busing the date must be specific and cannot be more than five busing the date must be specific and cannot be more than five busing the date of th
LE V: Effective date ffective date	e, if other than the date of filing: 6/24/2013 . (OPTION d, the date must be specific and cannot be more than five busing date of filing.)
LE V: Effective date ffective date is liste or 90 days after the REQUIRED SIGN.	e, if other than the date of filing: 6/24/2013 . (OPTION d, the date must be specific and cannot be more than five busing date of filing.)

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)