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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)828-2262

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

Email Address: _____

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14 SEP 16 AM 8:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Goliath Investments, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

SEP 17 2014
J. BRUCE
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Goliath Investments, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENJAMIN RAFAEL

Name of Person

WILBEN GROUP, LLC

Firm/Company

11111 BISCAYNE BLVD. #1900

Address

MIAMI, FL 33181

City/State and Zip Code

ben.rafael12@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BENJAMIN RAFAEL

Name of Person

at (312)

Area Code

908-73105

Daytime Telephone Number

Enclosed is a check for 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Cotton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SEP 16 2014
TALLAHASSEE, FLORIDA

2014 SEP 16 AM 10:18

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Goliath Investments, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1111 BISCAYNE BLVD.
#1900
MIAMI, FL 33181

SAME

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:

BENJAMIN RAFAEL
Name
1111 BISCAYNE BLVD. # 1900
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33181
City Zip

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 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMGR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

MGR

Name and Address:

BENJAMIN RAFAEL
1111 BISCAYNE BLVD. #1900
MIAMI, FL 33181

PHILLIP BOY
1111 BISCAYNE BLVD. #1800
MIAMI, FL 33181

WILLIAM J. LEMUS
8710 SUNSET DR. #154
MIAMI, FL 33173

MARIE BONFOI
1111 BISCAYNE BLVD #1800
MIAMI, FL 33181

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalty 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.)

BENJAMIN RAFAEL

Typed or printed name of signer

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)

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA