

# L 14000186923

12/15/14 04:02 PM Jelen Accounting Services, Inc 305-591-9167  
12/5/14 Division of Corporations

Florida Department of State  
Division of Corporations  
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EFFECTIVE DATE  
12-2-2014

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

From: Account Name : JELEN ACCOUNTING SERVICES, INC  
Account Number : I20120000052  
Phone : (305)591-9180  
Fax Number : (305)591-9167

2014 DEC -5 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION

\*\*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.  
LONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

K SALLY  
EXAMINER  
DEC - 8 2014

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

LONS, 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:

750 HERITAGE DRIVE  
WESTON, FL 33326


750 HERITAGE DRIVE  
WESTON, FL 33326

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

FELIPE YUNGMAN  
750 HERITAGE DRIVE  
WESTON, FL 33326

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature

EFFECTIVE DATE  
12-2-2014

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**ARTICLE IV-**

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

Title:

AMBR

YUCA IRREVOCABLE TRUST  
750 HERITAGE DRIVE  
WESTON, FL. 33326

MGR

GOLD-REP, CORPORATION  
750 HERITAGE DRIVE  
WESTON, FL. 33326

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**ARTICLE V:** Effective date, if other than the date of filing: December 2, 2014

**ARTICLE VI: Purpose**

**ANY AND ALL LAWFUL BUSINESS**

**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 penalties 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.)*

MARCOE ISRAEL TRUSTEE

Typed or printed name of signee