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(Address	s)
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J. BRUCT



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2015

STEVEN BART HETFIELD 1424 NE 30TH CT POMPANO BEACH, FL 33064

SUBJECT: GOLD STANDARD PROPERTY MANAGEMENT LLC

Ref. Number: W15000009325

2015 FEB -2 PH 3: 57

We have received your document for GOLD STANDARD PROPERTY MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.." and "Co."

The document number of the name conflict is L13000002479.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 615A00002650

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: GOLD	STANDAR I	PROPERTY Mited Liability Company	SERVICES 12 Jacrement	رر
The enclosed Articles of O	rganization and fee(s) are	e submitted for filing.		
Please return all correspond	dence concerning this ma	atter to the following:		
S	TEUEN BAN	2T HETFIELD Name of Person		
		Firm/Company		
14241	JE 30 TH	COURT	2015 FE	Ti
Pompa bhet	MO BEACH Ci -field D mail address: (to be used	TELORIDA, ity/State and Zip Code Dellsouth. N I for future annual report notifica	73 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	With any and the service of the serv
For further information con	cerning this matter, plea	se call:	*	
S.B. HETFIELV Name of	Person at (754 242 2 Area Code Daytime Tel	lephone Number	
Enclosed is a check for the	following amount:			
	\$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)	
Division P.O. Box	on Section of Corporations	Street/Courier Adds Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassec, FL 3230	ions er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The name of t	he Limited Liability Co	impany is:	_	ر ماري مرسم	~ <			
_	_	_	5	ERVIC	.E.J	11.	2	
Goup	STANDARD	PROPERT	Y A4	thy West	EMEN T		-	
	(Must end with	the words "Limited I	Liability C	ompany, "L	.L.C.," or "LI	.C.")		
ARTICLE II The mailing a	- Address: ddress and street addre	ss of the principal of	fice of the	Limited Lia	bility Compan	ıy is:		
Principal Off	ice Address:		<u>Mailing</u>	Address:				
1424 N POMPAA	D BEACH, F	cohios 3064	Pon	4 NE	30 TH	COURT FLORI 33064	PΔ	
(The Limited	I - Registered Agent, Liability Company can ess entity with an activ	not serve as its own F	Registered			te an individus	ıl or	
The name and	the Florida street addr	ess of the registered a	agent are:			7	23	
	STEVE	Name	TFIE	LD	_	, . , .	<u> </u>	amil.
						250 3 	£53	153774
	1424	NE 30"	CT			65 A	-2	Charles and
	Florida stree	et address (P.O. Box	NOT acce	ptable)		بر م		47
	Pompan	O BEACH	ान	3306	. 4	<u></u>	PH	35. 194.
	,	O BEACH City	±+/	Zip			<u>ઃ</u> 57	and any of a
the place of capacity. I	named as registered ag designated in this certifi further agree to comply es, and I am familiar wi Regis	icate, I hereby accept with the provisions o th and accept the obli	the appoint fall statute gations of er 605, F.S	ntment as reg es relating to my position 	giste <mark>red agent</mark> o the proper ar	and agree to a 1d complete pe	ct in th rforma	iis ince
		(CONTINUE	ED)					

Page 1 of 2

"MGR" = Manager	Name and Address:
MGR	STEVEN BART HETFIELD
	1424 NE BOTH COURT
	POMPANO BEACH, FC 3306
	
Use attachment if necessary) EV: Effective date, if other than the date of a ctive date is listed, the date must be specifif filing.)	filing: <u>במטעהץ 29,2015</u> . (OPTIONAL) Ic and cannot be more than five business days prior to or 90 da
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