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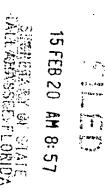
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations		
SUBJECT: Gold Heart U.C		
Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Theresa Harty		
	Name of Person	
	Firm/Company	
D 0 054		
P O 254	Address	
Lake Helen, FL 32744	City/State and Zip Code	
ipetdoc@hotmail.com E-mail address: (to be use	d for future annual report notifica	ition)
For further information concerning this matter, plea	ase call:	
Theresa Harty at (_;	386) 479-8878 Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	□\$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 Addi Registration Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporat Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
GoldHeart U.C.	Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited I.	Jability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal off	ice of the Limited Liability Company is:
	W ''' A 11
Principal Office Address:	Mailing Address:
827 S Spring Garden Ave	P O Box 254
DeLand, FL 32720	Lake Helen, FL 32744
ARTICLE III - Registered Agent, Registered Office, &	Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own R	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 a	cont ara-
The name and the Florida street address of the registered a	gent are.
Andy Kelly	
Name	
942 N. Mondland Rhyd	
843 N Woodland Blvd Florida street address (P.O. Box I	NOT acceptable)
DeLand	FL 32720
City	Zip
Having been named as registered agent and to accept serv	vice of process for the above stated limited liability company a
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	f all statutes relating to the proper and complete performance
	gations of my position as registered agent as provided for in refo. F.S
Спарле	~ 003, F.S.
127	
	A CONTRACTOR AND A CONT
Registered Agent s/Signatu	me KEQUIKED)
,. •	AND THE SECOND
(CONTINUE	(D)
v	
Page 1 of 2	
	m T - 9 f 1

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Joni R Goldstein
	P O Box 254
	Lake Helen, FL 32744
AMBR	Theresa M Harty
	P O Box 254
	Lake Helen, FL 32744
(Use attachment if necessary)	
E V: Effective date, if other than the	date of filing: <u>02/17/15</u> . (OPTIONAL) se specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the ective date is listed, the date must bof filing.)	date of filing: <u>02/17/15</u> (OPTIONAL) be specific and cannot be more than five business days prior to or 90 d
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ARTICLE IV-