# 1500158790

(Red	questor's Name)	
(Add	dress)	
(Add	fress)	
·	,	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Dua	San - Fakk Na	
(Bus	siness Entity Nar	nej
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Consider the state of the state		
Special Instructions to F	-iling Officer:	

Office Use Only



200277246632

2015 SEP 21 PH 1: 44

ZONE TARY OF STAIL
TANK SEEF, FLORID

15 SEP 21 PM 1: 57

SECRETARY OF STATE

SEP 21 2015

T SCHROFDER

# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

9/21/15

NAME:

GOLDEN LANTERN - LAKE CHARLES LLC

TYPE OF FILING: ARTICLES

COST:

130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION; ABBIE/PAUL HODGE

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	Golden Lantern - Lake Charle	s	
300354		of Limited Liab	ility Company
The enc	losed Articles of Organization and fo	cc(s) are submitte	d for filing.
Please re	cturn all correspondence concorning	this matter to the	following:
	Neil Richardson		
		Name o	d Person
	Golden Lantern - Lake Charles		
		Firm/C	ompany
	2707 East Jefferson Street		
		Add	ress
	Orlando, Florida 32803		
	curt2340@gmail.com	City/State a	nd Zip Code
		e used for future	annual report notification)
For furthe	r information concerning this matter	, please cult:	
	Curtis Melone	310 at (	694-4650
	Nume of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amoun	ı:	
	Filing Fee \$130.00 Filing Fe Certificate of Sta	e & S155.	00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Golden Lantern - Lake		11:-12:- 6	iny, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	un the words "Limite	и главниу Сотра	iny, "E.L.C., or "ELC.")	
The mailing address and street add	lress of the principal (	office of the Limit	ed Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Addre	<u>:55</u> :
2707 East Jefferson St	reel	1:	Stone Pine Drive	
Orlando FL 32803		<u>N</u>	ewport Coast CA 92657	
another business entity with an ac	Idress of the registere	d agent are: ed Name		
	155 Office Plaza Dr. Florida street addres		accentable)	
	Tallahassee.	PL	32301	
	City	State	Zip	
Having been named as registered ag sluce designated in this certificate, I arther agree to comply with the pro am familiar with und accept the obli	hereby accept the app visions of all statutes r	vointment as regist whating to the prop	ered agent and agree to act in our and complete performance	this capacity. I of my duties, and I
	Se	e attached		
	Regist	lered Agent's Sign	nature (REQUIRED)	

(CONTINUED)

Page 1 of 2

15 SEP 21 PM 1. FT

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Мапацег	Newport Const CA 92657
(Use attachment if necessary)	
EV: Effective date, if other than the date ective date is listed, the date must be spenfiling.)	of filing: (OPTIONAL) ceific and cannot be more than five business they prior to or 90 decreased by a still part by
LEV: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	ecific and cannot be more than five business days prior to or 90 dates the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date elective date is listed, the date must be spend of filing.) If the date inserted in this block does not ment's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 dates the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) If the date inserted in this block does not ment's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a ment of the document is executed an aware that any false.	ecific and cannot be more than five business days prior to or 90 d acet the applicable statutory filing requirements, this date will not b

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)

ARTICLE IV-

Page 2 of 2

### STATE OF FLORIDA

### REGISTERED AGENT CONSENT FORM

DATE: 9/15/2015

ENTITY NAME: Golden Lantern - Lake Charles LLC

Α

### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Scoretary Paracorp Incorporated

Winh Ho