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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP
Account Number : I20100000018
Phone : (305) 961-1450
Fax Number : (305) 423-3979

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

Email Address:

jacobmat+gold@gmail.com

FLORIDA LIMITED LIABILITY CO.
GOLDWOLF VENTURES, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

GOLDWOLF VENTURES, LLC

**ARTICLE II
ADDRESS**

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

Mailing Address:

9400 S. Dadeland Blvd.
Suite 100
Miami, Florida 33156

Principal Office Address:

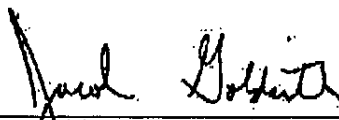
9400 S. Dadeland Blvd.
Suite 100
Miami, Florida 33156

**ARTICLE III
REGISTERED AGENT AND REGISTERED OFFICE**

The name and street address of the registered agent is:

JACOB GOLDSMITH
9400 S. Dadeland Blvd.
Suite 100
Miami, Florida 33156

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.



Jacob Goldsmith, Registered Agent

(CONTINUED)

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**ARTICLE IV
MANAGEMENT**

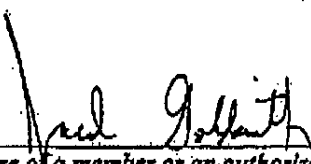
The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR":
Manager

Jacob Goldsmith
9400 S. Dadeland Blvd.
Suite 100
Miami, Florida 33156

"MGR":
Manager

Lindsey Wolfson
9400 S. Dadeland Blvd.
Suite 100
Miami, Florida 33156


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.)

Jacob Goldsmith
Typed or printed name of signer

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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