## 21600191497

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 26, 2016

MADELEINE MURIEL 21410 TOWN LAKES DR., APT. 922 BOCA RATON, FL 33486

SUBJECT: SHEFA GOLDEN SERVICES L.L.C.

Ref. Number: W16000066131

We have received your document for SHEFA GOLDEN SERVICES L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the usual business addresses of its managing members or managers.

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) 245-6052.

Matthew T Moon Regulatory Specialist II

Letter Number: 516A00020640

## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJEC	Shefa Golden Services L.L.C			
SOBJEC		Limited Liability Company	<del></del>	
The encle	osed Articles of Organization and fee(	are submitted for filing.		
Please re	turn all correspondence concerning th	matter to the following:		
	Madeleine Muriel			
		Name of Person		
	Shefa Golden Services L.L.C			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	क	NS E
	21410 Town Lakes Dr Apt 922		130	inger Verker Verker
		Address	t	
	Boca Raton, FL 33486		<u> </u>	P46
	m.degg@hotmail.com	City/State and Zip Code	0.1.0	
	E-mail address: (to be	sed for future annual report notific	cation)	
For further	information concerning this matter, p	ease call:		
	Madeleine Muriel	954 826 9883		
	Name of Person	Area Code Daytime Telepl	none Number	
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Statu	\$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 New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	rations enter Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Shefa Golden Serv	ices L.L.C		
(Must en	d with the words "Limited Lia	ability Company	y, "L.L.C.," or "LLC.")
RTICLE II - Address: e mailing address and street	address of the principal office	e of the Limited	Liability Company is:
Princ	ipal Office Address:		Mailing Address:
21410 Town Lakes Dr Apt 922		21410 Town Lakes Dr Apt 922	
Boca Raton, FL 33486		Boca Raton, FL 33486	
Boca Raton, FL 33  TICLE III - Registered A tie Limited Liability Compa	486 gent, Registered Office, & F	Registered Age	
Boca Raton, FL 33  ATICLE III - Registered A ne Limited Liability Compa other business entity with a	gent, Registered Office, & Finy cannot serve as its own Regin active Florida registration.)	Registered Age gistered Agent.	nt's Signature:
Boca Raton, FL 33  ATICLE III - Registered A ne Limited Liability Compa other business entity with a	gent, Registered Office, & Formula of the Registered Age of the registered age of the Muriel	Registered Age gistered Agent. ent are:	nt's Signature:
Boca Raton, FL 33  ATICLE III - Registered A ne Limited Liability Compa other business entity with a	gent, Registered Office, & Formula of the Registered Age of the registered age of the Muriel	Registered Age gistered Agent.	nt's Signature:
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Boca Raton, FL 33  ATICLE III - Registered A ne Limited Liability Compa other business entity with a	gent, Registered Office, & Formula Registered Agentactive Florida registration.)  et address of the registered agentactive Muriel  No. 21410 Town Lakes Dr A	Registered Age gistered Agent. ent are:	nt's Signature: You must designate an individ

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

16 00ï 14 PH 3:41

<u>Title:</u> "AMBR" = Au	thorized Member	Name and Address:	
"MGR" = Man MGR		Madeleine Muriel	
MGK		21410 Town Lakes dr Boca Katon fl 3348	apt 922.
	<del></del>		
			<del></del>
(Use attachmer			
(USC attacinici	nt if necessary)		
CLE V: Effective	nt if necessary)  date, if other than the date of fil	ling; October 6, 2016 (OPTIONA	L)
CLE V: Effective effective date is list the of filing.)  If the date inserte	date, if other than the date of fil sted, the date must be specificed in this block does not meet t	ting: October 6, 2016 (OPTIONA and cannot be more than five business days prior the applicable statutory filing requirements, this date	to or 90 days af
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Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)