# L1600213532

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(Document Number)				
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S. WARREN DEC 21 2017

# THE LAW OFFICES OF LORENE SEELER YOUNG, P.A.

December 20, 2017

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: GOLDCOW, LLC OUR FILE: 16005-64 / 17-0337

To whom it may concern:

Enclosed please find the Articles of Organization and Statement of Authority for Goldcow, LLC that needs to be filed with the state of Florida, along with check number 5538 for the filing fee and certified copy.

If you need anything further, please do not hesitate to contact me.

Sincerely yours, LORENE SEELER YOUNG, P.A.

\_\_\_\_By:\_\_\_\_ Emily Cruz/Legal Assistant

Enclosures Check #5538

9124 Griffin Road, Cooper City, Florida 33328

Phone: (954) 585-3967

Facsimile: (954) 585-3987

Email: Emily@Lsy-Law.com

#### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

### LORENE SEELER YOUNG

Name of Person

LORENE SEELER YOUNG, P.A.

Firm/Company

9124 GRIFFIN ROAD

Address

### COOPER CITY, FLORIDA 33328

City/State and Zip Code

## PIAOFFERS@PIAGROUPUSA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENE SEELER YOUNG	954 at (	585-3967
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

#### STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: \_\_\_\_\_\_GOLDCOW, LLC

SECOND: The Florida Document Number of the limited liability company is: \_\_\_\_\_\_

THIRD: The street address of the limited liability company's principal office is:

20815 NE 16 AVENUE

SUITE B15

MIAMI, FLORIDA 33179

The mailing address of the limited liability company's principal office is:

20815 NE 16 AVENUE

SUITE B15

MIAMI, FLORIDA 33179

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1.	May ex	ecute an instrument transferring real property held in the name of the company.		7 06	
	a.	Granted to: JIMMY LEVY, Manager		DEC 21	
	b.	No authority granted to:	E FLONDA	54 H 24	
2.	May cr a.	nter into other transactions on behalf of, or otherwise act for or bind, the compar Granted to : JIMMY LEVY, Manager	ıy.		
	ь.	No authority granted to:			
		JIMMY LEVY, Manag	er		
nature of	authoriz	ed representative Typed or printed name of s Filing Fee: \$25.00	ignature	;	

Certified Copy: \$30.00 (optional)

Sig