Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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		Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I28999999919	STATE TORIDA	ر
		Phone : (305)552-5973	<u> </u>	-
		Fax Number : (305)675-5944		
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Corporate Filing Menu

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September 15, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: GOLDING SERVICES LLC

REF: W17000074180

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of 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.

JUAN A REYES
Regulatory Specialist II
New Filing Section

FAX Aud. #: E17000240515 Letter Number: 417A00018798

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	FLORIDA I	IMITED LIABILITY COMP	ANY SEP
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ARTIC	LE II - Address.		
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The name	and title of each pe	rson authorized to manage and control th	e Limited
	Company:		
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Required Signatures:

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Signature of a member or an arthorized 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.

DARWIN HUMBERTS GOLDING BAUTISTA
Typed or printed name of signee

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 copyright as registered agent as provided for in Chapter 645 Feb.

Registered Agent's Signature (REQUIRED)

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TAIL ARASSEE FLORIBA