	227243
(Requestor's Name)	
(Address)	
(Address)	600305200546
(City/State/Zip/Phone #)	
(Business Entity Name)	11/02/1701024027 * 155.00
(Document Number)	
rtified Copies Certificates of Status	
pecial Instructions to Filing Officer:	
Office Use Only	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

. у	1
	İ
	🔹 🔹 🗄
COVER LETTER	
TO: New Filing Section	1
Division of Corporations	
· · · · · · · · · · · · · · · · · · ·	
SUBJECT: GOLDEN ACREAGE MANAGEMENT LLC	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JOSHUN MERRITT	
Name of Person	1
	l I
Firm/Company	
18566 WISTERIA ROND Address	
FORT MYERS, FL, 33967	
City/State and Zip Code	
JOSHEMERRITT @ YAHOO . COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
	.
<u>JOSHUA MERRITT</u> at (<u>239</u>) <u>677-7648</u> Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$ \$155.00 Filing Fee & \$160.00 Filing Fee.	
Certificate of Status	
(additional copy is enclosed) Certified Copy (additional copy is enclosed)	:
(additional copy is enclosed)	
Mailing Address Street Address	
New Filing Section New Filing Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

GOLDEN ACREAGE MANAGEMENT LLC. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

I

8566 WISTERIA SAME FORT MYERS FL

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JOSHUN MERRITT Name 18566 WISTERIA ROND Florida street address (P.O. Box NOT acceptable) FORT MYERS FL <u>33967</u> State Citv Zip

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. 1 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..

Post EW Munth Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

.

.

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

"MGR" = Manager	Member		
	AMBR-	JOSHUA MERRITT 18566 WISTERIN ROAD FORT MYERS FL 33967	
	-		
	-		
<u> </u>	-	······	
(Use attachment if nece	essary)		
ument's effective date on LE VI: Other provisions,	·		
<u>REOUIRED</u> SIGNAT			
	~ (
	Ood El	ment	
This de I am av	Signature of a member ocument is executed invare that any false info	C) Muth er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida ormation submitted in a document to the Departmer ony as provided for in s.817.155, F.S.	
This de I am av	Signature of a member ocument is executed invare that any false info utes a third degree felo TOSH	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b). Florida primation submitted in a document to the Departmer	
This do I am av constitu \$125.00 Filing Fee fo \$ 30.00 Certified Co	ignature of a member ocument is executed i vare that any false info utes a third degree felo <u>JOSH</u> Ty or Articles of Organi opy (Optional)	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b). Florida ormation submitted in a document to the Departmer ony as provided for in s.817.155, F.S. E.W. MERRATT	
This do I am av constitu \$125.00 Filing Fee fo \$ 30.00 Certified Co	ignature of a member ocument is executed if vare that any false info utes a third degree feto <u>JOSH</u> Ty or Articles of Organi	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b). Florida ormation submitted in a document to the Departmer ony as provided for in s.817.155, F.S. E.W. MERRATT yped or printed name of signee <u>Filing Fees:</u>	17
This do I am av constitu - \$125.00 Filing Fee fo \$ 30.00 Certified Co	ignature of a member ocument is executed i vare that any false info utes a third degree felo <u>JOSH</u> Ty or Articles of Organi opy (Optional)	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b). Florida ormation submitted in a document to the Departmer ony as provided for in s.817.155, F.S. E.W. MERRATT yped or printed name of signee <u>Filing Fees:</u>	17