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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	*
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: GOLEM, NET 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:
JAY MELTZER Name of Person
Name of Person
Firm/Company
rath/Company
94220 OVERSEAS HWY #5E
Address
TAVERNIER FL. 33070 City/State and Zip Code BIZ@ GOLEMINET E-mail address: (to be used for future annual report notification)
RIT @ GALEAN ALE T
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAY MELTZER at (561) 252-4424 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 \$\ \text{Certificate of Status} \text{Status & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\text{Status & Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}}} \$\text{\$\tex{

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

C ALCAN LICT	110
GOLEM. NET,	
(Must contain the way)	Is "Limited Liability Company, "L.L.C" or "LLC.")

ARTICLE II - Address:

The name of the Limited Liability Company is:

ARTICLE I - Name:

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

94220	OVER	2A32,	HW!	y Ț	SE
TAVER	VIER	FL.	3307	ົວ	

Principal Office Address:

74220 OVERSEAS HWY#5E TAVERNIER FL. 33070

Mailing Address:

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:

JAY MELTZER

Name

94220 OVERSEAS HWY #5E

Florida street address (P.O. Box NOT acceptable)

TAVERNIER FL. 33070

City State 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. 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)

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SECUL FARY OF STATE

Title: "AMBR" = Authorize	l Member	Name and Address:	
"MGR" = Manager AMBR	_	JAY MELTZER 94220 OVERSEAS HW TAVERNIER, FL. 3307	V#3E
	_		
	_		
			-
	_		
(Use attachment if nec	essary)		
(Use attachment if nec LE V: Effective date, if ffective date is listed, th	other than the date of fil	ling:	NAL) jor to ar 90 da
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ARTICLE IV-