

L180000240352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

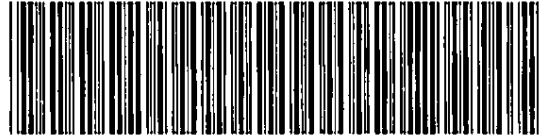
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/02/18--01009--019 \*\*125.00

K. PAGE  
OCT 19 2018

STATE OF MISSISSIPPI  
DIVISION OF CORPORATION  
18 OCT 18 AM 1:50  
OFFICE OF THE CLERK  
STATE OF MISSISSIPPI



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2018

TAMARA GOLAB  
5291 BRASSY LOOP  
NORTH PORT, FL 34287

SUBJECT: GOLAB, LLC  
Ref. Number: W18000088152

2018 OCT 18 PM 12:03

We have received your document for GOLAB, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 018A00020640

Corrected  
(212) 717-2137  
tamigolab@yahoo.com

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Golab, 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:

Tamara Golab

Name of Person

Golab, LLC

Firm/Company

5291 Brassy Loop

Address

North Port, FL ~~34201~~ 34287

City/State and Zip Code

tamigolab@yahoo.com

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

For further information concerning this matter, please call:

Tamara Golab

at

212

777-2137

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Golab, 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:

5291 Brassy Loop

North Port, FL 34291 34287

Mailing Address:

5291 Brassy Loop

North Port, FL 34291 34287

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:

TAMARA GOLAB

Name

5291 Brassy Loop

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

North Port, FL 34287

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.

Tamara Golab

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATION  
18 OCT 18 AM 1:50  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR M

TAMARA GOLAB

5191 Grassy Loop

North Port, FL 34287

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Tamara Golab*

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

Tamara Golab

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 OCT 18 AM 1:50  
TALLAHASSEE, FLORIDA