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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediations to mining amount





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04/28/18--01003--008 **125.80

SECRETARY OF STATE TALLAHASSEE, FL

N CULLIGAN 8/1 2013



July 3, 2019

NIKOLA ANDERSON 244 FIFTH AVENUE, A253 NEW YORK, NY 10001

SUBJECT: GOLDEN BAY IMPORTS USA LLC

Ref. Number: W19000042876

We have received your document for GOLDEN BAY IMPORTS USA 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):

List the Name of the Authorized Person in Article IV.

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.

Letter Number: 119A00008819

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLOTEDA LIMITED LIABILITY COMPANY

G	olden Bay Imports USA LLC	
22	(Must contain the words "Limited Liabili	ty Comment "I I C " or "I I C "
	(1703 COROLL III WOLDS THEREOF EVENING	ty company, faire, di face,
ARTICLE I	- Address:	
	eldress and street address of the principal office of	of the Limited Lishility Commony is:
		a market sensoning consigning is.
	Principal Office Address:	Mailing Address:
G	olden Bay Imports USA LLC	Golden Bay Imports USA LLC
	olden Bay Imports USA LLC	Golden Bay Imports USA LLC Nikola Andersson, 244 Fifth Avenue, A25.

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

LegalInc Corporate Services, Inc.

Name

5237 Summerlin Commons, Suite 400

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

Fort Myers FL 33907

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FRU AT	Name and Address And Andress and
Title:	Name and Address: Nikola Anderssan
"AMBR" - Authorized Member	And Passas
AMORE SAME	Golden Bay Imperts WEATLE
TOWN.	Nikola Andersson, 244 Fifth Street, A253
	New York, NY 10001
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(Use attachment if necessary)	
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LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not memoral's effective date on the Department of	cific and cannot be more than five business days prior to or 90 days cet the applicable statutory filing requirements, this date will not be li
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LE V: Effective date, if other than the date of feetive date is listed, the date must be specified.) If the date inserted in this block does not moment's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer This document is execute 1 am aware that any false	ettic and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this date will not be li of State's records. Substituting the statutory filing requirements, this date will not be li of State's records.

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)