1900246175

(Re	equestor's Name)	-
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	
PICK-UP	MAIT	MAIL
(Bo	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

T. SCOTT



100334930801

09/30/19--01004--006 **130.00

STORE LARY OF STALE
STORE LARY OF STALE

Î

COVER LETTER

	w Filing Section vision of Corporations	
SUBJECT:	Gold Tab	nited Liability Company LLC
The enclose	d Articles of Organization and fee(s) ar	e submitted for filing.
Please return	n all correspondence concerning this ma	atter to the following:
	Ardré Bro	Name of Person
		Firm/Company
	12300 nu 9th	Address
	Plantation FI	
_	Ardre . Rugart . (E-mail address: (to be used	33325 ity/State and Zip Code Scown (Granil - Com for future annual report notification)
For further in	formation concerning this matter, pleas	e call:
-		rea Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	1 ananassee, 1 1, 343 14	FOAT INCOMING CONTEL CHOIC

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Gall table	Concellation))(.	

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

ARTICLE II - Address:

ARTICLE 1 - Name:

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

Principal Office Address:	Mailing Address:
12300 NW 9th St	12300 nw 9th st
Pluntation +1 33325	Pluntuhion Fl 33325

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:

	÷		
Andre P	Scom	<u> </u>	
	Name		
12300 m	1 9th	54	
Florida street address	(P.O. Box 1	OT acce	eptable)
Pluntation	FI		33325
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)

SECRETARY OF STREET

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager $\triangle M \Omega \cdot \alpha$	Andre Brown
	12300 AW GPL SP
A 2 2 2 2	Plantatica F1 33325
HIN 1385	Francesia Berte
	35 Rue Pasteur
0.0	Butry sur oise 95430
AMBR	Christopher Brown
·	2701 NEIL AVE APIC
	COLUMBIS OF 43202
(Use attachment if necessary)	
ARTICLE V: Effective date if other than th	e 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.)	s not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depart	
·	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: //	
4	A Dr.
Signature of	f a member or an authorized representative of a member.
This document is e	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Λ	i o
	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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)