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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 070832 7227993
AUTHORIZATION: Gradelendo
COST LIMIT : \$ 125.00
ORDER DATE : December 2, 2019
ORDER TIME : 11:25 AM
ORDER NO. : 070832-005
CUSTOMER NO: 7227993
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DOMESTIC FILING
NAME: GOOD LUCK INVESTMENTS 4, LLC
, , , , , , , , , , , , , , , , , , ,
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson - EXT.
EXAMINER'S INITIALS:

## **COVER LETTER**

	ew Filing Section ivision of Corporations		
SUBJECT	Good Luck Investments 4, LLC		
SCHIECT	Name of	Limited Liabil	ity Company
The enclos	ed Articles of Organization and fee(s	) are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the	following:
	David Kahan, Esq.		
		Name of	Person
	David Kahan, P.A.		
		Firm/Co	ompany
	6420 Congress Ave., Suite 1800		
		Add	ress
	Boca Raton, Florida 33487		
	jfa1@me.com	City/State ar	nd Zip Code
-		sed for future	annual report notification)
For further is	nformation concerning this matter, pl		,
	David Kahan	561	672-8330
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
<b>S</b> 125.00 Fi	_	LCertif	\$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:		
Good Luck Investmen	ts 4, LLC		
(Must contai	n the words "Limited	Liability Company	/, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limite	d Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
12700 SW 128th Stree	et	12	700 SW 128th Street
Suite 101/102		Su	ite 101/102
Miami, Florida 33189			ami, Florida 33189
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	annot serve as its own tive Florida registratio	Registered Agent n.)	ent's Signature: . You must designate an individual or
	David Kahan, P.A.		
	David Randii, 1.72.	Name	<del></del>
	6420 Congress Ave.,	Suite 1800	
	Florida street address	s (P.O. Box <u>NOT</u>	acceptable)
	Boca Raton	FL	33487
	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)

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Title; "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	Jorge Fernandez		
	12700 SW 128th Street, Suite 101/102		
	Miami, Florida 33189		
<del></del>			
EV: Effective date, if other than the date of fi	line: (ODTIONAL)		
EV: Effective date, if other than the date of fi ective date is listed, the date must be specific if filing.) the date inserted in this block does not meet	ling: (OPTIONAL)  r and cannot be more than five business days prior to or 96  the applicable statutory filing requirements, this date will no  mete's records.		
of filing.)  The date inserted in this block does not meet: ment's effective date on the Department of St	r and except be more than five business days prior to or 96 the applicable stabiless. Sline acquirements also A and the		
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E V: Effective date, if other than the date of finctive date is listed, the date must be specific filling.) the date inserted in this block does not meet next's effective date on the Department of St. E. VI: Other provisions, if any.	r and except be more than five business days prior to or 96 the applicable stabiless. Sline acquirements also A and the		
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EV: Effective date, if other than the date of firetive date is listed, the date must be specific of filing.) the date inserted in this block does not meet innent's effective date on the Department of St. EVI: Other provisions, if any.  RECHIRED SIGNATURE:  Signature of a member This document is executed in a maware that any false info	the applicable statutory filling requirements, this date will no rate's records.  The applicable statutory filling requirements, this date will no rate's records.  The applicable statutory filling requirements, this date will no rate's records.		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)