Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000346104 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter	the	email	address	for	this	busine	ess	entity	to	be	used	for	future
an	nual	repor	t mailin	gs.	Enter	only	one	email	add	ress	ple	ase.	**

Email Address:\_\_

Ž,

# FLORIDA LIMITED LIABILITY CO. **GOLDEN BRASS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

w 20000114759

8

LAZARUS CORPORATE

PAGE 02/03

Oct 05 2020 10:27AM HP FaxAdvantage Incometax 3058580777

page 2

# ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### GOLDEN BRASS 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:

Maliba Address:

400 GOLDEN ISLE DRIVE APT 41 HALLANDALE BEACH FL 33009

400 GOLDEN ISLE DRIVE APT 41 HALLANDALE BEACH FL 33005

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:

MANUEL COLL

Neme

400 GOLDEN ISLE DRIVE APT 41

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

HALLANDALE BEACH FL

City Stat

33009

Zip

State

Having been named as registered agent and to accept service of process for the above stated limited liability con pany 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 positionals registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Oct 05 2020 10:27AM HP FaxAdvantage Incometax 3058580777

page 3

Title: "AMBR" = Authorized Membe "MGR" = Manager	person authorized to manage and control the Limited Liability Company:  Name and Address:
MGR	MANUEL COLL 400 GOLDEN ISLE DRIVE APT 41 HALLANDALE BEACH FL 33009
(Use attachment if accessary)  RTICLE V: Effective data, if other than t	the date of filing. IANTIABLY (1) 2001
RTICLE V: Effective data, if other than t if an effective date is listed, the date mus is date of filing.) inter If the date inserted in this block doe the document's effective date on the Depar	the date of filing: <u>JANUARY 01</u> , 2021 (OPTIONAL)  t be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed through the firment of State's records.
RTICLE V: Effective date, if other than t If an effective date is listed, the date mus- te date of filing.) Note: If the date inserted in this block doe he document's effective date on the Depar	and a majo that the distincts days prior to or 90 days af
RTICLE V: Effective data, if other than t I an effective date is listed, the date mus- ie date of filing.) inte: If the date inserted in this block does the document's effective date on the Depar	and a majo that the distincts days prior to or 90 days af
IRTICLE V: Effective date, if other than the anterpretate of filing.)  Note: If the date inserted in this block does the document's effective date on the Department's effective date on the De	as not excet the applicable statutory filing requirements, this date will not be listed rement of State's records.  The member of an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes.
IRTICLE V: Effective date, if other than the anterpretate of filing.)  Note: If the date inserted in this block does the document's effective date on the Department's effective date on the De	as not excet the applicable statutory filing requirements, this date will not be listed rement of State's records.  The member of an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree fellony as provided for in 4,817.155, F.S.