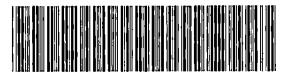
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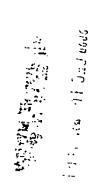
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DEC 1 - ZCZ



CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida; 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GO VENETIAN G	GP LLC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Si		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: BRAN	VDEN	UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In non-selection	Will Pick Up	Courier

COVER LETTER

	New Filing Sect Division of Cor					
CLID IE	Go Venetia	n GP LLC				
SUBJEC	JI;	Name o	f Limited	Liabilit	y Company	
The encl	osed Articles of	Organization and fee(s) are sub	mitted f	or filing.	
Please re	eturn all correspo	ndence concerning th	is matter t	o the fo	llowing:	
	Amy Marie	Vo, Esq.				
			N	ame of F	Person	
	St. Johns Lav	w Group				
			F	irm/Con	ipany	
	104 Sea Gro	ve Main Street				
				Addre	SS	
	St. Augustin	e, FL 32080				
	avo@sjlawgro	oup.com	City/S	itate and	Zip Code	
		E-mail address: (to be	used for t	future ar	nual report notification	on)
For further	er information co	ncerning this matter.	please cal	l:		
	Amy Marie \	/o	904 at (495-0400	
	Nam	ne of Person			Daytime Telephone	
Enclose	d is a check for t	he following amount:				
	.00 Filing Fee	□\$130.00 Filing I Certificate of State	Fee &	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi	ng Address Filing Section on of Corporations Box 6327			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	issee et, Suite 810
	Tallah	assee, FL 32314			Tallahassee, FL 3230	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Go Venetian GP	LLC contain the words "Limited L	iability Company	"L.L.C" or "LLC.")	
(:Must e	contain the words. Entired t	monity company.	B.E.C. Of Bije. 7	
ARTICLE II - Address: The mailing address and stre	eet address of the principal of	fice of the Limited	Liability Company is:	
<u>Prii</u>	ncipal Office Address:		Mailing Address:	
11110 W. Oaklar	nd Park Blvd., #289		0 W. Oakland Park Blvd., #289	
Sunrise, FL 3335	51	Sunr	rise, FL 33351	_
(The Limited Liability Com	Agent, Registered Office, opany cannot serve as its own an active Florida registratio	Registered Agent. \	nt's Signature: You must designate an individual or	
(The Limited Liability Companother business entity with	Agent, Registered Office, a pany cannot serve as its own an active Florida registration reet address of the registered Amy Marie Vo, Esq.	Registered Agent. \n.)	nt's Signature: You must designate an individual or	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. \n.)	nt's Signature: You must designate an individual or	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered Amy Marie Vo, Esq.	Registered Agent. No.) agent are:	nt's Signature: You must designate an individual or	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. \(\) agent are: Name Street	You must designate an individual or	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registratio reet address of the registered Amy Marie Vo, Esq. 104 Sea Grove Main Florida street address	Registered Agent. \(\) agent are: Name Street	You must designate an individual or	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered Amy Marie Vo, Esq. 104 Sea Grove Main	Registered Agent. No.) agent are: Name Street s (P.O. Box NOT ac	You must designate an individual or	

(CONTINUED)

Registered Agent's Signature (REQUIRED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Gal Oron 11110 W. Oakland Park Blvd., #289 Sunrise, Fl. 33351 <u>MGR____</u>__ (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:

Signature of a member of 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.

Amy Marie Vo

Typed or printed name of signee

Filing Fees:

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

- S 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)