# L21000033713

(Req	uestor's Name)	<del></del>
DDA)	ress)	
(Add	ress)	_
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(City	/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	-
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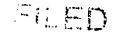
## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (350) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Goldov 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
Signature		Fictitious Owner Search
orginature .		Vehicle Search
<b></b>		Driving Record
Requested by: SETH		UCC 1 or 3 File
	Data Time	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

### COVER LETTER

10:	Division of Corporations		
CILD IF	GOLDOV LLC		
SUBJE		Limited Liabil	ity Company
The encl	losed Articles of Organization and fee(s)	) are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the f	following:
	Gabriela Setrakian		
		Name of	Person
	Argentax LLC		
		Firm/Co	mpany
	1241 Canary Island Dr		
	-	Addr	ess
	Weston, F1 33327		
	gabysetrakian@gmail.com	City/State an	d Zip Code
	<del></del>	sed for future a	nnual report notification)
For furthe	er information concerning this matter, ple	ease call:	
	Gabriela Setrakian	786 (	458-3493 
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	d is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifi	00 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) 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 1 - Name:

The name of the Limited Liability Company is:

2021 JAN 26 AH 94 10

SECRETALL OF STATE
TALLAHUSSEE, FL

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OOL	$\nu \nu \nu$	1,	, , ,

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

#### ARTICLE II - Address:

<b>Princip</b>	al Office Address:		Mailing Address:	
10031 PINES BLVD	STE 228	100	031 PINES BLVD STE 228	
PEMBROKE PINES	<del></del>		PEMBROKE PINES, FL 33024	
nother business entity with an a		-	. You must designate an individual or	
nother business entity with an a	active Florida registration	on.)	. Fou must designate an individual of	
nother business entity with an a	active Florida registratio	on.)		
nother business entity with an a	active Florida registration	n.) I agent are: Name		
nother business entity with an a	active Florida registration address of the registered ARGENTAX LLC	nn.) I agent are: Name AND DR		
, ,	active Florida registration  address of the registered  ARGENTAX LLC  1241 CANARY ISLA	nn.) I agent are: Name AND DR		

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)

	Title: "AMBR" = Authorized	Member	Name and Address:		
	"MGR" = Manager		ANDROCCOL DOTTIN		
	MGR	-	ANDRES GOLDSTEIN 10031 PINES BLVD STE 228		ĽΣ
			PEMBROKE PINES, FL 33024	<del></del>	5951
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			d cannot be more than five husiness		after
•	of filing.)	date must be specific and	. came of the first training	days prior to or 20 days	
Note:	If the date inserted in this	s block does not meet the a the Department of State's	applicable statutory filing requirements records.	its, this date will not be lis	sted as
ARTIC	LE VI: Other provisions,	-			
					-
	REQUIRED SIGNAT	·URE:			<b>-</b>
		1-111.	6 11 - 1		
		121 HV9	ses Collegein.	<del></del>	
			an authorized representative of a cordance with section 605.0203 (1) (b		
			tion submitted in a document to the I		
			as provided for in s.817.155, F.S.	•	
		ANDRES GOLDSTEIN			
	•		or printed name of signee		

The name and address of each person authorized to manage and control the Limited Liability Company:

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)

ARTICLE IV-