From: Yane

2/18/2021

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H21000068034 3)))



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Division of Corporations

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Email Address:

FLORIDA LIMITED LIABILITY CO. **GOLDEN FIELDS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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I DENNIS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 4 of 5

GOLDEN FIE				
(Mc	st contain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and	street address of the principal of	office of the Limited (iability Company is:	
<u> </u>	rincipal Office Address:		Mailing Address:	
12905 SW 42	nd STREET		SW 42nd STREET	
STE 210 MIAML FL	33175	STE 2	210 A1, FL 33175	
(The Limited Liability Co	red Agent, Registered Office, mpany cannot serve as its own rith an active Florida registrati	n Registered Agent. Y	t's Signature: Ou must designate an individual or	21 FEE
anomer business emity w				F 1
•	street address of the registere			. ,
•	street address of the registere		TCE, INC.	£. j
•	street address of the registere	ed agent ar e :	TICE, INC.	
•	street address of the registere	ed agent are: RATE FILING SERV Name	TICE, INC.	(; 5)
•	EXPRESS CORPORATION OF STREET EXPRESS CORPORATION OF STREET EXPRESS OF STREET EXPRESS CORPORATION OF STREET EXPRESS OF STREET EXP	ed agent are: RATE FILING SERV Name		·
•	EXPRESS CORPORATION OF STREET EXPRESS CORPORATION OF STREET EXPRESS OF STREET EXPRESS CORPORATION OF STREET EXPRESS OF STREET EXP	ed agent are: RATE FILING SERV Name REET STE 210		·

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 us 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)

13053284774

From: Yane

Title:	Name and Address:
"AMBR" - Authorized Membe	er en
"MGR" = Manager	
AMBR	LUIGGI NELSON SUAREZ ROSARIO
	12905 SW 42nd STREET STE 210
	MIAMI, FL 33175
AMBR	ERIÇK OMAR SUAREZ ROSARIO
	12905 SW 42nd STREET STE 210
	MIAMI, FI. 33175
(Use attachment if necessary) LE V: Effective date, if other that	in the date of filing:
LE V: Effective date, if other that flective date is listed, the date in coffiling.) If the date inserted in this block nument's effective date on the Double LE VI: Other provisions, if any.	nust be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list partment of State's records.
LE V: Effective date, if other that flective date is listed, the date in e of filing.) If the date inserted in this block nument's effective date on the Double LE VI: Other provisions, if any. REQUIRED SIGNATURE:	must be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list partment of State's records.
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LE V: Effective date, if other that flective date is listed, the date in e of filing.) If the date inserted in this block nument's effective date on the Double VI: Other provisions, if any. REOUIRED SIGNATURE: College Subset Research Signature This document am aware that	does not meet the applicable statutory filing requirements, this date will not be list partment of State's records. 1966 17, 2021 12 41 EST re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, it any felse information submitted in a document to the Department of State
LE V: Effective date, if other that feetive date is listed, the date in of filing.) If the date inserted in this block arment's effective date on the Do LE VI: Other provisions, if any. REOURED SIGNATURE: Signatu This document I am aware that constitutes a the constitutes at the constitutes at the constitutes are constitutes.	does not meet the applicable statutory filing requirements, this date will not be list partment of State's records. Open 17, 2021 (24) EST re of a member or an authorized representative of a member. It is executed in accordance with section 605,0203 (1) (b), Florida Statutes.

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 (Conf. 1)

- \$ 5.00 Certificate of Status (Optional)