

L21 000 100 244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

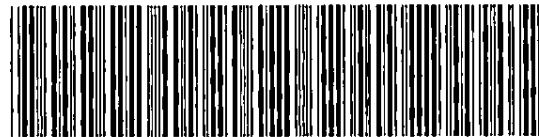
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CORPORATE  
ACCESS,  
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☐ **CERTIFIED COPY** \_\_\_\_\_  
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**xx** **FILING** LLC \_\_\_\_\_

1. Gosana Group LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**GOSANA GROUP, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**12721 HEADWATER TERRACE  
WELLINGTON, FL 33414**

**Mailing Address:**

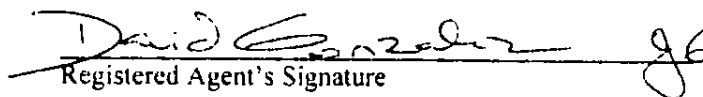
**12721 HEADWATER TERRACE  
WELLINGTON, FL 33414**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**DAVID GONZALEZ  
12721 HEADWATER TERRACE  
WELLINGTON, FL 33414**

*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

(CONTINUED)

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**ARTICLE IV- Members/Managers**

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

**AMBR**

**DAVID GONZALEZ  
12721 HEADWATER TERRACE  
WELLINGTON, FL 33414**

**AMBR**

**CAROLINA PENA  
747 SAND CREEK CIRCLE  
WESTON, FL 33327**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is March 8, 2021.

REQUIRED SIGNATURE:

A handwritten signature in cursive script, appearing to read "Carolina Pena", is written over a horizontal line.

Signature of a member or 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.

CAROLINA PENA

\_\_\_\_\_  
Typed or printed name of signee

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CLERK OF COURT  
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