

L21000172810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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04/22/21--01001--005 \*\*160.00

RECEIVED  
2021 APR 21 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE FL

2021 APR 21 PM 2:33

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

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(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

1. Gary Platinum LLC  
Name Document Number (if known)

☒ Walk in ☐ Will wait

☒ Certified Copy Articles of Organization

☒ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ INC

☐ OTHER - Corp

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion

☐ Merger

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ Statement of Authority  
☐ APOSTIL ()  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ CORRECTION for a Foreign LLC  
☐ Trademark  
☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: GARY PLATINUM LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT SINGER

Name of Person

SINGER AND FALK

Firm/Company

541 AVELLINO ISLES CIRCLE UNIT 30201

Address

NAPLES, FL 34119

City/State and Zip Code

ROBERT@SINGERANDFALK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT SINGER

516

272-4295

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GARY PLATINUM 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:

7311 GARY AVENUE  
Miami Beach, FL 33141

Mailing Address:

541 AVELLINO ISLES CIRCLE  
UNIT 30201  
NAPLES, FL 34119

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:

Robert Singer

Name

541 AVELLINO ISLES CIRCLE UNIT 30201

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

NAPLES

FL

34119

City

State

Zip

*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..*

RS  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

MASTER GOLD LLC  
7311 GARY AVENUE  
MIAMI BEACH, FL 33141

MGR

CORY GOLD LLC  
7311 GARY AVENUE  
MIAMI BEACH, FL 33141

MGR

BRACHA GOLD LLC  
7311 GARY AVENUE  
MIAMI BEACH, FL 33141

(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 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.

ROBERT SINGER

\_\_\_\_\_  
Typed or printed name of signer

**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)

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2021 APR 21 PM 1:03

FILED