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(Ke	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer.	

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## CAPITAL CONNECTION, INC.

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

	<del></del>		_
Go Friends Belfort	I LLC		
			Art of Inc. File
	<del></del>		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 Good Status
			Corp Record Search
			Officer Search
			Fictitious Search 55
Signature			Fictitious Owner Search
5			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 1! Retrieval
Walk-In	=	Up	Courier

## COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	Go Friends Belfort I LLC		
SUBJEC	F: Name of Limite	d Liability Company	
The enclo	sed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please ret	urn all correspondence concerning this matte	r to the following:	
	Amy Marie Vo, Esq.		
		Name of Person	
	St. Johns Law Group		
		Firm/Company	
	104 Sea Grove Main Street		
		Address	
	St. Augustine, FL 32080		
	City avo@sjlawgroup.com	/State and Zip Code	
		r future annual report notification)	
For further	information concerning this matter, please c	all:	
	Amy Marie Vo, Esq. 904	495-0400	
		Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
≘\$125.0	00 Filing Fee   \$130.00 Filing Fee & Certificate of Status	~ ~	7
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahussee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	-1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
•			
Go Friends Belfort I I	LC		
(Must conta	in the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Li	mited Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
11110 W. Oakland Pa	rk Blvd., Ste. 289		11110 W. Oakland Park Blvd., Ste. 289
Sunrise, FL 33351			Sunrise, FL 33351
<del></del>	<del>_</del>	<del></del>	
another business entity with an a The name and the Florida street a	-	d agent are:	
		Name	
	104 Sea Grove Main	Street	
	Florida street addres		OT acceptable)
	St. Augustine,	FL	32080
	City	State	Zîp
olace designated in this certificate, further agree to comply with the pr	I hereby accept the app ovisions of all statutes r ligations of my position	ointment as re elating to the p as registered t	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S  Signature (REQUIRED)
		(CONTIN	

2121 JUN 22 AM 10: 58

A	RT	$\Gamma \cap \Gamma'$	LF	IV-

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

MRG  Gal Oron  1110 W. Oakland Park Blvd., Sic. 289  Sunrise, FL 33351  EV: Effective date, if other than the date of filing:  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be dead to the Department of State's records.  E. 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.  Amy Marie Vo. Esq.  Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certified Copy (Optional)	Use attachment if necessary)  V: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorized !	Member	Name and Address:	
Sunrise, FL 33351  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	Use attachment if necessary)  V: Effective date, if other than the date of filing:	"MGR" = Manager			
Sunrise, FL 33351  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	Use attachment if necessary)  V: Effective date, if other than the date of filing:	MRG	(	Gal Oron	
EV: Effective date, if other than the date of filing:	Use attachment if necessary)  V: Effective date, if other than the date of filing:	1		11110 W. Oakland Park Blvd., Ste. 289	
E.V: Effective date, if other than the date of filing:	Use attachment if necessary)  NY: Effective date, if other than the date of filing:		<u>.</u>	Sunrise, FL 33351	<del></del>
E.V: Effective date, if other than the date of filing:	Use attachment if necessary)  NY: Effective date, if other than the date of filing:				
(Use attachment if necessary)  E.V: Effective date, if other than the date of filing:	Use attachment if necessary)  V: Effective date, if other than the date of filing:		-	······································	
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(Use attachment if necessary)  E.V: Effective date, if other than the date of filing:	Use attachment if necessary)  V: Effective date, if other than the date of filing:				
(Use attachment if necessary)  E.V: Effective date, if other than the date of filing:	Use attachment if necessary)  V: Effective date, if other than the date of filing:		_		
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