

L22000035828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

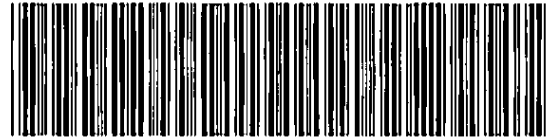
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FL
2022 FEB -2 AM 11:28
TALLAHASSEE, FL

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: GOAL ESTATE 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:

IVAN BARVO

Name of Person

RED SQUARE ACCOUNTING AND TAX, LLC

Firm/Company

6052 TURKEY LAKE ROAD SUITE 144

Address

ORLANDO, FL 32819

City/State and Zip Code

INFO@REDSQUARETAX.COM

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

For further information concerning this matter, please call:

IVAN BRAVO

407

717-8150

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOAL ESTATE 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:

Mailing Address:

5807 PARKVIEW POINT DR
ORLANDO, FL 32821

5807 PARKVIEW POINT DR
ORLANDO, FL 32821

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:

RED SQUARE ACCOUNTING AND TAX, LLC

Name

6052 TURKEY LAKE RD SUITE 144

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


ORLANDO FL 32819

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2022 FEB - 2 AM 11:28
CLERK OF
HALL COUNTY, FL

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:

AMBR

Great Ohio American Logistics LLC

24 E Front Street Ste 107

Pataskala OH 43062

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01 FEBRUARY 2022. (OPTIONAL)

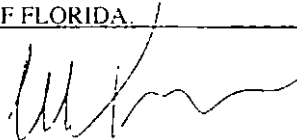
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

THE PURPOSE FOR WHICH GOAL ESTATE LLC IS FORMED IS FOR THE TRANSACTION OF ANY AND
ALL LAWFUL PURPOSES FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA.

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.

ALEKSEI SHEVCHENKO

Typed or printed name of signee

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)