Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000100579 3)))



H220001005793ABC-

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## FLORIDA LIMITED LIABILITY CO. Golden Table LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Corrected - fax audit number was missing

Electronic Filing Menu

Corporate Filing Menu

## (((H22000100579 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabili	ty Company is:			
Golden Table LLC				<del></del>
(Must con	tain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	ffice of the Limited	Liability Company is:	
Princip	oal Office Address:		Mailing Add	iress:
7901 4th St N				
STE 300				<del></del>
St. Petersburg, FL 3	3702			
ADMICTERIA Describe	and Danishand Office	0 D: 4	-41- Ci4	
ARTICLE III - Registered Ag (The Limited Liability Compan				adiadual or
another business entity with an			i ou must designate air i	IIdividual VI
another owniess only min as	uoti . 0 / 10 / 10 / 10 / 10 / 10 / 10 / 10	····,		
The name and the Florida street	address of the registered	d agent are:		
	Registered Agents In	c.		
		Name		
	7901 4th St N STE 3	00		
	Florida street address (P.O. Box NOT acceptable)			
	St. Petersburg	FL	33702	
	City	State	Zîp	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	i, I hereby accept the app rovisions of all statutes ri bligations of my position	ointment as registere elating to the proper	ed agent and agree to ac and complete performa as provided for in Chapt	et in this capacity: I 28 nce of my duties, did I 28 MAR 17
				🔁 တ

(CONTINUED)

## (((H22000100579 3)))

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Edgar Leonardo Castaneda Figueroa 7901 4th St N STE 300 St. Petersburg, FL 33702	
	•	
<del></del>		
######################################		
(Use attachment if necessary)	A. COMMONANT	
CLE V: Effective date, if other than effective date is listed, the date mute of filling.)	ne date of filing:	•
CLE V: Effective date, if other than effective date is listed, the date mute of filling.)  If the date inserted in this block of	s he specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not	•
CLE V: Effective date, if other than effective date is listed, the date mate of filling.)	s he specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not	•
CLE V: Effective date, if other than effective date is listed, the date mute of filling.)  If the date inserted in this block occument's effective date on the Department.	s be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not truent of State's records.	•
CLE V: Effective date, if other than effective date is listed, the date mute of filling.)  If the date inserted in this block occument's effective date on the Department.	s be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not truent of State's records.	be listed
CLE V: Effective date, if other than effective date is listed, the date in the of filling.)  If the date inserted in this block occument's effective date on the Decard CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signatur This document I am aware that	s be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not truent of State's records.	•

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)