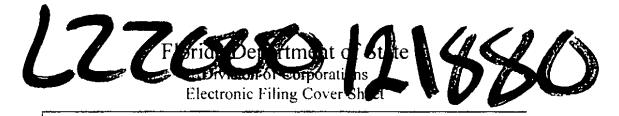
Division of Corporations



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.

(((H22000108354 3)))



H220001083543ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (950)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

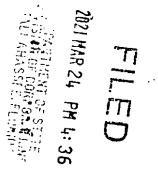
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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FLORIDA LIMITED LIABILITY CO.

418 Golden Bay LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Page: 2 of 3

418 Golden Bay LLC

(Must end with 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:

 20200 W. Dixie Hwy, Suite 605A
 20200 W. Dixie Hwy, Suite 605A

 Miami, FL 33180
 Miami, FL 33180

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:

 Andrea Mayer

 Name

 20200 W. Dixie Ilwy, Suite 605A

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

 Miami
 FL
 33180

 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..

Andrea Mayer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Page: 3 of 3

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	Andrea Mayer			
	20200 W. Dixie Hwy, Suite 605A			
	Miami, FL 33180			
				
				
	- 11 - 1			
(Use attachment if necessary)				
the date of filing.)	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed as records.			
ARTICLE VI: Other provisions, if any.				
REOUIRED SIGNATURE: Andres	2 Mayer			
	0			
This document is executed in according a second of the sec	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes.			
constitutes a third degree felony as	ion submitted in a document to the Department of State provided for in s.817.155, F.S.			
• •	ion submitted in a document to the Department of State			
Andrea Mayer	ion submitted in a document to the Department of State			

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)

Page 2 of 2

