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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: GSL ACCOUNTING SERVICES Account Name

Account Number : I20200000184 Phone : (786)796-7993 Fax Number : (754)217-5939

**Enter the email address for this business entity to be used for Beaucon annual report mailings. Enter only one email address along the state of th

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FLORIDA LIMITED LIABILITY CO. **GOLD TRANSPORT VIP LLC**

Certificate of Status	0		
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ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

To: 18506176381

The name of the Limited Liability Company is: (Must end with the words *Limited Liability Company, "L.L.C.," or "LLC.")

GOLD TRANSPORT VIP LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

> **14550 SW 16TH STREET** MIAMI, FL 33175

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

> GSL ACCOUNTING SERVICES 1001 N FEDRAL HWY, STE 352 HALLANDALE BEACH, FL 33009

ARTICLE IV-

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

MIGUEL ANGEL GARCIA (MGM)

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Miguel Ángel Garcia

To: 18506176381

Typed or printed name of signee

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..