

L230000389406

Florida Department of State

Division of Corporations

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To:

Division of Corporations
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From:

Account Name : BACHELOR AND ASSOCIATES, INC.
Account Number : I20000000120
Phone : (954)421-3319 (954) 752-2758
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ingrid@bachelorandassociates.com

FLORIDA LIMITED LIABILITY CO.

The GoodOne, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION
OF
The GoodOne, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I
NAME**

The name of this limited liability company is:

The GoodOne, LLC

**ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

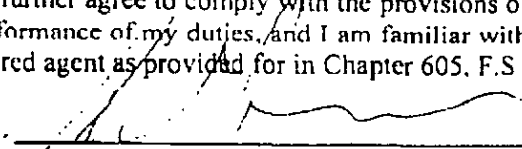
10235 W Sample Road, Suite 205
Coral Springs, Florida 33065

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE**

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

Kristopher Goodman
10235 W Sample Road, Suite 205
Coral Springs, Florida 33065

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.



Kristopher Goodman
Registered Agent

Prepared By: Ingrid M. Bachelor CPA
License No. AC-0032360
10235 West Sample Road
Suite 205
Coral Springs, FL 33065
954-752-2758

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ARTICLE IV MANAGEMENT

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as follows:

Kristopher Goodman
10235 W Sample Road, Suite 205
Coral Springs, FL 33065

Manager



Name: Kristopher Goodman
Title: Authorized Representative of the
Members.

(In accordance with Section 605.0203(1)(b)
Florida Statutes, the execution of this
document constitutes an affirmation under
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.)

FILED
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TALLAHASSEE, FL

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