

**L23000482377**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HUBCO  
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Phone : (516)813-1184  
Fax Number : (516)935-3088

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

Email Address: christinagaston35@gmail.com

**FLORIDA LIMITED LIABILITY CO.**  
**Golden Girls Property LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

T. MATTHEWS

FILED H23000369700

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2023 OCT 23 PM 4:43

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

STATE OF FLORIDA  
TALLAHASSEE, FL

**Golden Girls Property 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:**

18 Dolphin Ave  
Ormond Beach, FL 32176

18 Dolphin Ave  
Ormond Beach, FL 32176

**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.)

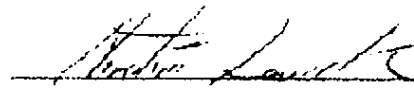
The name and the Florida street address of the registered agent are:

Christina Lovick  
Name

18 Dolphin Ave  
Florida street address (P.O. Box **NOT** acceptable)

Ormond Beach FL 32176  
City 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)

Christina Lovick

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

**Name and Address:**

Christina Lovick

18 Dolphin Ave

Ormond Beach, FL 32176

Krystle Gaston

63 Carol Road

Ormond Beach, FL 32176

Tiffany Berneaud

17134 NW 9th Ave

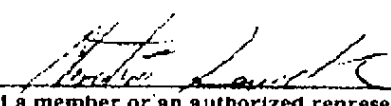
Miami Gardens, FL 33169

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

  
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.)

Christina Lovick

Typed or printed name of signer