

4/2/24, 9:06 AM

Division of Corporations

L24000152003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : VAST ACCOUNTING & TAX SERVICES, LLC
Account Number : I20230000003
Phone : (347)387-5854
Fax Number : (800)217-8791

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 Horse Group LLC

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

FILED
2024 APR -2 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FL

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T. MATTHEWS

APR -3 2024



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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Tuesday, April 2, 2024

To: New Filing Section
Division of Corporation

Subject:
GOLDEN HORSE GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

VAST Accounting & Tax Services
4714 Wolfram Ln
New Port Richey, FL 34653
Fax: 800-217-8791

For further information concerning this matter, please call or e-mail:
Magdy Youssef 347-387-5854 or e-mail at vastcpa@gmail.com

Enclosed is our fax filing coversheet for \$125.00 for the Filing Fee

VAST Accounting & Tax Services

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE
TALLAHASSEE, FL

GOLDEN HORSE GROUP LLC

(Must contain 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:

2111 PINE RIDGE DRIVE
CLEARWATER, FL 33763

2111 PINE RIDGE DRIVE
CLEARWATER, FL 33763

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:

MENA KAHLIL

Name

2111 PINE RIDGE DR

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

<u>CLEARWATER</u>	<u>FL</u>	<u>33763</u>
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..

Mona Kahlil

Registered Agent's Signature (REQUIRED)

(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

Name and Address:

AMBR

KAHLIL, MENA
2111 PINE RIDGE DR
CLEARWATER, FL 33763

AMBR

ATTALLA, MENA
2100 GREENBRIAR BLVD
CLEARWATER, FL 33763

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Mena Kahlil

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

AMBR

MENA KAHLIL

Typed or printed name of signee

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)

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