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	CERTIFIED COPY		
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(GOLDFINCH 55 IN	VESTMENTNS LLC	24
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COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	: Goldfinch 55 Investments LLC Name of Li	mited Liability Company	
		·····	
The enclose	ed Articles of Organization and fee(s) ar	re submitted for filing.	
Please retur	m all correspondence concerning this m	atter to the following:	
	Jason Matthews		
		Name of Person	2024 JUN 24
	Goldfinch 55 Investments LLC		JAH AH
		Firm/Company	<u>ن</u> ب
	301 W Platt St., #A343		AH 9: OF STA SEE, FI
		Address	TE #7
	Tampa, FL 33606		
		City/State and Zip Code	
-	Jmatt@TeamABV.com	d for future annual report notificati	ion)
	·	·	oli)
For further in	nformation concerning this matter, please	se call:	
		nt (412) 414-4405	
		ne of Person Area Code time Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporati	ions
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

ARTICLESOFOR GANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

C	Soldfinch 55 Investments LLC	
		
(Must c	ontain the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	and the control of the control	5-11-125-0
ne maning address and stree	t address of the principal office of the Lin	nted Liability Company is:
	cipal Office Address: .343 Tampa, FL 33606	Mailing Address:
ARTICLE III - Registered A	Agent, Registered Office, & Registered	Agent's Signature:
The Limited Liability Compa nother business entity with a	Agent, Registered Office, & Registered any cannot serve as its own Registered Agan active Florida registration.)	ent. You must designate an individuation
The Limited Liability Compa nother business entity with a	any cannot serve as its own Registered Ag	ent. You must designate an individuation UN 2
The Limited Liability Compa nother business entity with a	any cannot serve as its own Registered Ag an active Florida registration.)	ent. You must designate an individuation UN 2
The Limited Liability Compa nother business entity with a	any cannot serve as its own Registered Agan active Florida registration.) eet address of the registered agent are: Jason Matthews	ent. You must designate an individuation UN 2
The Limited Liability Compa nother business entity with a	any cannot serve as its own Registered Ag an active Florida registration.) eet address of the registered agent are:	ent. You must designate an individuation
The Limited Liability Compa nother business entity with a	any cannot serve as its own Registered Agan active Florida registration.) eet address of the registered agent are: Jason Matthews Name 301 W Platt St., #A343 Florida street address (P.O. Box No. 1981)	ent. You must designate an individual or STATE OF STATE FL
The Limited Liability Compa nother business entity with a	any cannot serve as its own Registered Agan active Florida registration.) eet address of the registered agent are: Jason Matthews Name 301 W Platt St., #A343	ent. You must designate an individual or STATE OF STATE FL

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)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Jason Matthews 301 W Platt St., #A343 Tampa, FL 33606	
MGR		
		
	77 C. A.	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and ate of filing.) If the date inserted in this block does not meet the a locument's effective date on the Department of State's	d cannot be more than five business days prior to or 30 da applicable statutory filing requirements, this date will not be	
ICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE: Jason M	latthews	
This document is executed in acc		
	or printed name of signee	

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

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)

ARTICLE IV-