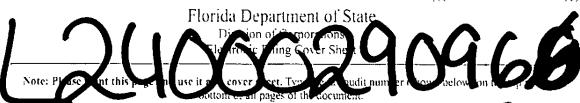
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fa:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : H & H TAX ADVISORS ELC

Account Number : 12020000057 Phone : (786)857-6652 Fax Number : (786)204-3320

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

> > ${\tt Email Address: jannett@hrtaxadvisors.com}$

# FLORIDA LIMITED LIABILITY CO. GOAL FRUITS LLC

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Certificate of Status	0
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Page Count	01

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2024 JUN 28 PMII: 01
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Electronic Filing Menu

Page: 3

Estimated Charge \$125.00 (((H24000223435 3)))

Help

Corporate Filing Menu

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## COVER LETTER

TO:	New Filing Se Division of Co							
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	Jannett A. F	- Rodriguez		-				
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	New F Divisi P.O. E	ng Address Filing Section on of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, Fl. 3230	assee et. Suite 810	TALL MAYS	2024 JUN 28 P	

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TCL	Æ I -	Na.	me:
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The name of the Limited Liability Company is:

**GOAL FRUITS 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:

Princi	pal C	Mice	Add	dress:
			•	

Mailing Address:

 c/o 12741 SW 38TH TER
 c/o 12741 SW 38TH TER

 Miami, FL 33175
 Miami, FL 33175

### 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:

H&R TAX ADVISORS LLC

Name

12741 SW 38TH TER

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

Miami Fl. 33175

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..

Registered Agent' Signature (REQUIRED)

(CONTINUED)

2024 JUN 28 PM II: 01

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	CITRUS OF THE VALLEY 6/0 12741 SW 38TH TER Miami, FL 33175
AMBR	ALEJANDRO JOAQUIN CASTILLO AVATANEO c/o 12741 SW 38TH TER Miami, FL 33175
<del></del>	
effective date is listed, the date must be e of filing.) If the date inserted in this block does no	ate of filing: 07/01/2024 . (OPTIONAL.) specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.)  If the date inserted in this block does not current's effective date on the Department CLE VI: Other provisions, if any.	ate of filing: 07/01/2024 . (OPTIONAL.) specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not be
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