

L24000291825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

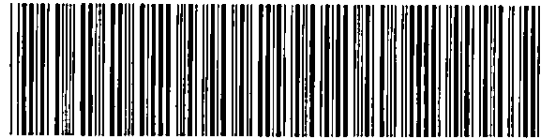
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500431208935

FILED

2024 JUL -1 AM 9:47

SECRETARY OF STATE
CLERK OF SUPERIOR COURT

RECEIVED

2024 JUL -1 PM 12:21

SECRETARY OF STATE
FBI MASSACHUSETTS

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/1/2024

****WALK IN****

ENTITY NAME GOLDENBERG HOLDING COMPANY, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

XXXXXXXXXX

Certified Copy of Arts & Amendments

XXXXXXXXXX

Certificate of Good Standing

FILED
2024 JUL -1 AM 9:17
TALLAHASSEE, FL

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$160

ACCOUNT #: I20160000072

S R J/10

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: GOLDENBERG HOLDING COMPANY, 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:

TRESSA WHITE

Name of Person

SUNDOC FILINGS

Firm/Company

7801 FOLSOM BLVD SUITE 202

Address

SACRAMENTO, CA 95826

City/State and Zip Code

TWHITE@SUNDOCFILINGS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRESSA

888

595-2747

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2024 JUL -1 AM 9:17
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOLDENBERG HOLDING COMPANY, 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:

3500 MYSTIC POINTE DRIVE APT 1703
AVENTURA, FL 33180

3500 MYSTIC POINTE DRIVE APT 1703
AVENTURA, FL 33180

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:

UNITED AGENT GROUP INC.

Name

801 US HIGHWAY 1

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

NORTH PALM BEACH FL 33408

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.

/s/WILL HUSER

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUL -1 AM 9:47

FILED

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:

MGR

DAVID B. GOLDENBERG SPRAY TRUST
2095 HIGHWAY A1A UNIT 4205
INDIAN HARBOUR BEACH, FL 32937

(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:

/s/DAVID GOLDENBERG

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.

DAVID GOLDENBERG

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)

FILED
2024 JUN -1 AM 9:47