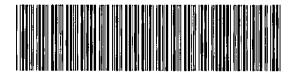
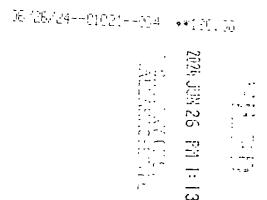
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: TA GOWEN Enterprises 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:	
Tracy Ann Levine Name of Person	
- A 1 h	262
· ,	654 HE128
7650 Cortewood Ave.	
Boynton Beach, FL 33437 City/State and Zip Code	1: 13
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Trucy Leving, 561, 201-5175 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee	
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

TA Golden Enterprises L.L.C.," or "LLC.")

Mailing Address:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7650 Corkwood Ave. 7650 Co Boynton Berich, Ft Boynton	rteucod Ave. Beach, FL 33437
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	an individual or
The name and the Florida street address of the registered agent are:	
Trucy Levine	126 F
7650 Cock wood Ave Florida street address (P.O. Box <u>NOT</u> acceptable)	
Boynton Beach, FL 33437	- · · ω

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.

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(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Tracy Levine	
	BOUNTON BOACHIFL 33437	
- 0.00		
AMBR	Amy Weinster !	
	Boynton Beach, FL 33437	
	7	
		
<u>-</u>		
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	P	
(Use attachment if necessary)		
	g:(OPTIONAL) —	
effective date is listed, the date must be specific ate of filing.)	nd cannot be more than five business days prior to or 90 da	ıys
	e applicable statutory filing requirements, this date will not be	e li
ocument's effective date on the Department of Sta	e's records.	
CLE VI: Other provisions, if any.		

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.

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)