

7/8/24, 9:44 AM

Division of Corporations

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 : YOUR DREAM SERVICES CORP.
Account Number : I2020000137
Phone : (786)660-0108
Fax Number : (786)364-1047

****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.
GOLDENBOX AGENCY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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DIVISION OF
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GOLDBOX AGENCY 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:

JUAN CARLOS SOLARTE ARANAGA

Name of Person

Juan Carlos Solarte Aranaga

Firm/Company

23403 KINGSLAND BLVD, APT 1121

Address

KATY, TEXAS 77494

City/State and Zip Code

golden7box@gmail.com

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

For further information concerning this matter, please call

JUAN SOLARTE	407	9790156
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

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OFFICE
STATE
TALLAHASSEE

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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:

GOLDBOX AGENCY 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:23403 KINGSLAND BLVD, APT 1121
KATY, TEXAS 7749423403 KINGSLAND BLVD, APT 1121
KATY, TEXAS 77494**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

YOUR DREAM MULTISERVICES CORP

Name

9554 NW 41ST STFlorida street address (P.O. Box **NOT** acceptable)DORALFL33178

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 ~~its~~ **his** 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~~ **Chapter** 605, FS.

Isamar Torres

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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

JUAN CARLOS SOLARTE ARANAGA
23403 KINGSLAND BLVD, APT 1121
KATY, TEXAS 77494

(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

I create custom software, visually appealing graphics, and websites tailored to each client's specific needs.

Additionally, I offer digital marketing, social media management, and content creation services.

REQUIRED SIGNATURE:

Juan Carlos Solarte Aranaga

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

JUAN CARLOS SOLARTE ARANAGA

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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DEPARTMENT OF STATE

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