

224000461735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

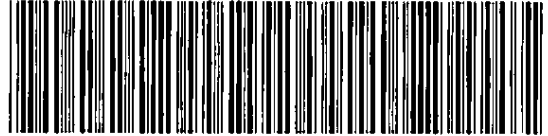
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600438083146

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2024 NOV - 1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 NOV - 1 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160. \$ 160.00

Authorization Signature: *James K. Kelly*

GONE OFFLINE LLC

Business Name

#Document #

☐ Walk in

☐ In wait

☒ Certified Copies of the Articles of Incorporation

☒ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ LLC

☐ Domestication

☒ INC

☐ CORP

☐ OTHER

AMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer

☐ Change of Registered Agent

☐ Director Withdrawal

☐ Conversion

☐ Statement of FACT

☐ Article

STATE OF FLORIDA
TALLAHASSEE, FL

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OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Partnership

☐ K-1s Statement

☐ Statement of OP for a foreign LLC

☐ Statement of a Foreign Corp.

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GONE OFFLINE 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:

Joshua L. Spoont, Esq.

Name of Person

Sodhi Spoont PLLC

Firm/Company

1900 NW Corporate Blvd. Ste. W301

Address

Boca Raton, FL 33431

City/State and Zip Code

groefaro@gmail.com

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

For further information concerning this matter, please call:

Joshua L. Spoont

305

641-7577

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 of Corporations
1900 NW Corporate Blvd. Ste. W301
Boca Raton, FL 33431

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JUDICIAL STATE
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GONE OFFLINE LLC

(Must contain the words "Limited Liability Company" 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:

2841 NE 23rd St

Pompano Beach, FL 33062

2841 NE 23rd St

Pompano Beach, FL 33062

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:

Sodhi Spoon LLC

Name

3050 Biscayne Blvd., Ste. 701

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

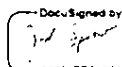
Miami

FL

City

State

Having been named as registered agent and to accept service of process for to be named limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as set forth in Chapter 605, F.S.

DocuSigned by


Registered Agent's Signature

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV-

The name and address of each person authorized to manage the liability Company.

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Geno Roefaro

2841 NE 23rd St

Pompano Beach, FL 33062

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(If an effective date is listed, the date must be specific and cannot be more than 90 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 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:

DocuSigned by

621143562737425

Signature of a member or an authorized officer of the member.

This document is executed in accordance with the Florida Statutes.
I am aware that any false information submitted to the Department of State
constitutes a third degree felony as provided in the Florida Statutes.

Geno Roefaro

Typed or printed

Filing Fee:

\$125.00 Filing Fee for Articles of Organization and Designation of the Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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DEPARTMENT OF STATE
TALLAHASSEE, FL