L24000461735

(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

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

Please use funds from the account 120210000160. _ $ 150.00__ ___
Authorization Signature: _____
GONE OFFLINE LLC
Business Name #Document #

__ Walk in . Will wait

___X___ **Certified Copies of the Articles of Incorporation**
___X__ **Certificate of Status**

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TALLAHASSEE, FL

NEW FILINGS

____ Profit
____ Not for Profit
____ LLC
_____ Domestication
__X__ INC
_____ CORP
___ OTHER

AMENDMENTS

_ _ Amendment
_ _ Resignation of R.A. Officer/Director
_ _ Change of Registered Agent
_ _ Dissolution/Withdrawal
_ _ Merger
_ _ Reinstatement
_ _ Change of FACT
_ _ Name

OTHER FILINGS

____Annual Report

____Fictitious Name

_____ Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

_ _ Foreign Filing
_ _ Name Reservation
_ _ Reinstatement
_ _ Merger for a Foreign LLC
_ _ Name Change 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

groetaro@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Joshua L Spoont at (305
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 "L.C.")

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	2841 NE 23rd St
Pompano Beach, FL 33062	Pompano Beach, FL 33062

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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 Spoont PLLC
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 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 pursuant to Chapter 605, F.S.

DocuSigned by:
[signature]
Registered Agent's Signature

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Geno Roefaro 2841 NE 25th St Pompano Beach, FL 33062

(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 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:
[signature]

_____

Signature of a member or an authorized representative of a member

This document is executed in accordance with Florida Statutes.
I am aware that any false information submitted to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Geno Roefaro
Typed or printed name

Filing Fee

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)