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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC
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**FLORIDA LIMITED LIABILITY CO.
JOEL GOLD LLC**

Certificate of Status	0
Certified Copy	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
NOV 16 2024
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOEL GOLD 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:

4501 IRVINGTON AVE
JACKSONVILLE, FL 32210

Mailing Address:

141 DIVISION AVE #334
BROOKLYN, NY 11211

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:

JOSEPH CONNEL

Name

4501 IRVINGTON AVE

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

JACKSONVILLE FL 32210

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/ JOSEPH CONNEL

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ON SEP 16 2024
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FL

