



H240004128553ABC+

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC Account Number : 120170000091 Phone : (718)878-5811 : (718)732-4580 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
|-------|----------|------|--|--|
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FLORIDA LIMITED LIABILITY CO. JOEL GOLD LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

17187959036 From: Mark Fuchs

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - 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: | <u>Mailing Address</u> : |
|---------------------------|--------------------------|
| 450) IRVINGTON AVE | 141 DIVISION AVE #334 |
| JACKSONVILLE, FL. 32210 | 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 A | VE | |
| Florida street address | (P.O. Box <u>NOT</u> ac | reeptable) |
| JACKSÓNVILLE | 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)

To. • Page: 4 of 4 2024-12-16 20,41:07 GMT 17187959036 From Mark Fuchs

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| ARTICLE IV | ٠. |
|------------|----|
|------------|----|

| The name and address of each i | person authorized to mana- | ge and control the | Limited Liability | Company: |
|--------------------------------|----------------------------|--------------------|-------------------|----------|
| | | | | |

| <u>Title:</u> | Authorized Member | Name and Address: | |
|---|---|---|--|
| "MGR" = M | | | |
| $\frac{\text{"MGR"} = N}{\text{"MGR"}}$ | lanager | JOEL POSNER | |
| | <u>ww.cc.</u> | 525 KENT AVE. #4A | |
| | | BROOKLYN NY 11249 | |
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| (Use attachn | nent if necessary) | | |
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| | | iling: (OPTIONAL) | |
| | listed, the date must be specific | c and cannot be more than five business days prior to or 90 days after | |
| the date of filing.) | | | |
| | | the applicable statutory filing requirements, this date will not be listed as | |
| the document's effect | ive date on the Department of S | tate's records. | |
| ARTICLE VI: Other | vanisions it any | | |
| ARTICLE VI. Oner j | AVV Islone, it may. | | |
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| | | *************************************** | |
| | | | |
| REQUIRED | SIGNATURE: | | |
| | 1 - 1 7 | ATT BACUER | |
| | | OEI. POSNER | |
| | 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. | | |
| | | | |
| | | | |
| | | | |
| | JOEL POSNER | | |
| | 1; | yped 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)