

L25000006000

TCC
1-6-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

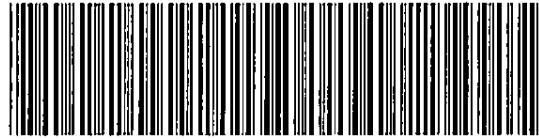
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WR4000165074 12-17-24 FC

Office Use Only



600440983296

12/13/24--01022--009 **160.00

2025 JAN -6 AM 8:15
STATE
OFFICE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Golden Legacy Records, Limited Liability Company
(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:

9955 NW 2nd Ct.
Plantation FL, 33324

Mailing Address:

9955 NW 2nd Ct.
Plantation FL, 33324

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:

Timothy P. Carney
Name
9955 N.W. 2nd Ct.
Florida street address (P.O. Box **NOT** acceptable)
Plantation FL 33324
City Zip

STATE
FL

AM 8:15

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..

Timothy P. Carney
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

(Use attachment if necessary)

Name and Address:

Timothy P Carney
9955 JNW 2nd Ct.
Plantation, FL 33324

Michael Quinn
170 Dave Bailey Rd
Florville, Georgia 30216

Howard Golden
334 Palmer Ave.
Highwood, Illinois 60040

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Timothy P. Carney

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.

Timothy P. Carney

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)