

L25000043490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

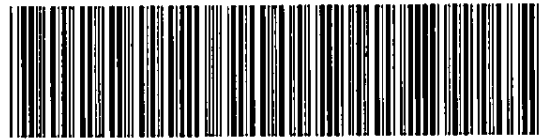
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400443762714

FILED

2025 FEB -3 PM 9:47

RECEIVED

2025 FEB -3 PM 3:29

STANDARD

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

Please use funds from the account I20210000160: \$125.00

Authorization Signature *[Signature]*

Golden Goose AI Holdings, LLC

Business

#Document

Walk in

\_\_\_\_\_ Will wait

\_\_\_\_\_ Certified Copies of articles

\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit  
\_\_\_\_\_ Not for Profit  
\_\_X\_\_ LLC  
\_\_\_\_\_ Domestication  
\_\_\_\_\_ INC  
\_\_\_\_\_ CORP  
\_\_\_\_\_ OTHER

**AMENDMENTS**

\_\_\_\_\_ Amendment  
\_\_\_\_\_ Resignation of R.A.  
\_\_\_\_\_ Change of Registered Agent  
\_\_\_\_\_ Revocation of Dissolution  
\_\_\_\_\_ Conversion  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ Merger  
\_\_\_\_\_ Restated Articles

**OTHER FILINGS**

\_\_\_\_\_ TRANSMITTAL LETTER  
\_\_\_\_\_ Fictitious Name  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ APOSTIL \_\_\_\_\_  
                                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign Filing  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Reinstatement  
\_\_\_\_\_ Statement of CORRECTION  
\_\_\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2025 FEB -3 PM 9:47  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

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

Please use funds from the account I20210000160: \$125.00

Authorization Signature 

Golden Goose AI Holdings, LLC

Business

#Document

Walk in

\_\_\_\_ Will wait

\_\_\_\_ Certified Copies of articles

\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit

\_\_\_\_ Not for Profit

X LLC

\_\_\_\_ Domestication

\_\_\_\_ INC

\_\_\_\_ CORP

\_\_\_\_ OTHER

**AMENDMENTS**

\_\_\_\_ Amendment

\_\_\_\_ Resignation of R.A.

\_\_\_\_ Change of Registered Agent

\_\_\_\_ Revocation of Dissolution

\_\_\_\_ Conversion

\_\_\_\_ Statement of Authority

\_\_\_\_ Merger

\_\_\_\_ Restated Articles

**OTHER FILINGS**

\_\_\_\_ TRANSMITTAL LETTER

\_\_\_\_ Fictitious Name

\_\_\_\_ Statement of Authority

\_\_\_\_ APOSTIL \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign Filing

\_\_\_\_ Partnership

\_\_\_\_ Reinstatement

\_\_\_\_ Statement of CORRECTION

\_\_\_\_ Domestication of a Foreign Corp.

\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2025 FEB -3 PM 9:47  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Golden Goose AI Holdings, 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:

Juan Ruiz  
Name of Person  
Aloha Title  
Firm/Company  
200 S Andrews Ave, 604  
Address  
Ft Lauderdale, FL 33301  
City/State and Zip Code  
Juan@peaktitleco.com  
E-mail address: (to be used for future annual report notification)

2025 FEB -3 PM 9:47  
FILED

For further information concerning this matter, please call:

Juan Ruiz 954 471-3563  
Name of Person at 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Golden Goose AI Holdings, 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:

200 S Andrews Ave, 604  
Ft Lauderdale FL 33301

Mailing Address:

200 S Andrews Ave, 604  
Ft Lauderdale FL 33301

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:

Juan Ruiz

Name

200 S Andrews Ave, 604

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

Ft Lauderdale

FL

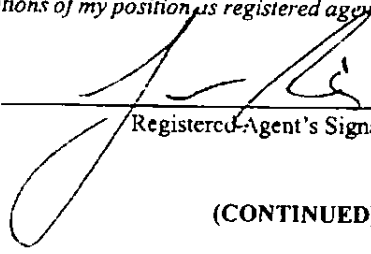
33301

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.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2025 FEB -3 PM 9:47

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Peter Parente  
200 S Andrews Avenue, 604  
Ft Lauderdale, FL 33301

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/03/2025 (OPTIONAL)

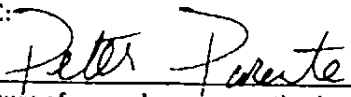
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing 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:**



**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.

Peter Parente

\_\_\_\_\_  
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)

2025 FEB 3 11:39:47  
FILED