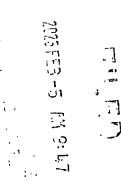
UD000049966

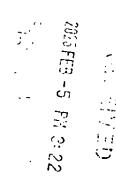
(Red	questor's Name)	
(Add	dress)	
•	,	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	-	·
(Bu	siness Entity Nar	ne)
/0-	cument Number)	<u> </u>
(100)	coment nomber)	
Certified Copies	Certificates	s of Status
<u> </u>	·-	
Special Instructions to	Filing Officer:	
<u> </u>	. <u> </u>	

Office Use Only



700443764357







CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Ben Bolen

Ext:

Date: 02/05/25 Order #: 1817006-1

Re: Goldcrest Holdings LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$130 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filling, please call our office.

COVER LETTER

TO:	New Filing Section Division of Corporations		
CILIEN LE	Goldcrest Holdings LLC		
SUBJE	Name of Limited Liability Company		
The en	nclosed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Brian A. Cordero	2025 FEB - 5 11/1 27 7/	<u>I</u>
	Name of Person		j
	Woods, Weidenmiller, Michetti & Rudnick, LLP		۱ ج
	Firm/Company	1	န် ဂူ
	9045 Strada Stell Court, 4th Floor		_1
	Address		
	Naples, FL 34109		
	City/State and Zip Code		
	bcordero@lawfirmnaples.com E-mail address: (to be used for future annual report notification)		
or furth	her information concerning this matter, please call:		
	Brian A. Cordero 239 325-4070		
	Name of Person Area Code Daytime Telephone Number		
Enclos	sed is a check for the following amount:		
□\$12.	25.00 Filing Fee Status Certified Copy Certificate of Status Certified Copy Certi	f Status & Dy	ed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee El 32314Tallahassee El 32303		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CLE I - Name:
The na	me of the Limited Liability Company is:
	Golderest Holdings LLC
	(Must contain the words "Limited Liability Company, "L.L.C" or "LLC.")

ARTICLE II - Address:

Principal Office Address: 4400 GULF SHORE BLVD N., APT 305			Mailing Add	<u>lress</u> :
			4400 GULF SHORE BLVD N., APT 305	
NAPLES, FL 34103			NAPLES, FL 34103	
nother business entity with	•	-	ent. You must designate an i	iluryiduai gi
	an active Florida registration	on.)	int. 100 most designate ai ii	individual of
	an active Florida registratio	on.) Lagent are:	and the second of the second o	:
	an active Florida registration reet address of the registered	on.) Lagent are:	and the second of the second o	:
·	an active Florida registration reet address of the registered	on.) I agent are: gent, LLC Name	and the second of the second o	:
·	an active Florida registration and active Florida registered reet address of the registered WWMR Statutory A	on.) I agent are: gent, LLC Name ourt, 4th Floor		:
·	an active Florida registration reet address of the registered WWMR Statutory A 9045 Strada Stell Co	on.) I agent are: gent, LLC Name ourt, 4th Floor		:

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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	Cameron A. Blaney 8 PENDREICH ROAD BRIDGE OF ALLAN FK9 4LY, SCOTLAND UK, AL
MGR	Lewis David Blaney 21 CLAREMONT DRIVE, BRIDGE OF ALLAN FK9 4EE, SCOTLAND, UK, AL
	
(Use attachment if necessary)	To of filing.
the date of filing.)	specific and cannot be more than five business days prior to or 90 days after it is a specific and cannot be more than five business days prior to or 90 days after it is the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	— DocuSigned by:
This document is exe I am aware that any fa	membaraneuthorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. ilse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Cameron A. B	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)