



**State of Rhode Island  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
001731518	GOLDEN BEE LLC	Certificate of Good Standing

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: CINDY LOVAN

Business Name:

No. and Street: 855 E PLANT ST STE 1600

City or Town: WINTER GARDEN

State: FL Zip: 34787 Country: USA

Contact Phone: 4078556648 ext: 105

Contact Email: CINDY@GOFigureACCOUNTING.NET