# 41000109003

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (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: |
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Office Use Only



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T. HAMPTON

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EXAMINER

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Bortz Florida Management Company 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:

| Robert E. Bortz Jr.  |  |
|--|--|
|  | Name of Person   |
| Flip Flop Shops  |  |
|  | Firm/Company   |
| 210 Monastery Hill Drive   | 9  |
|  | Address  |
| Oconomowoc, WI 53066   |  |
| Ci   | ity/State and Zip Code   |
| reb.bortz@paramountfinanci   |  |
| E-mail address: (to be used  | for future armual report notification)   |
| For further information concerning this matter, pleas                      | se call:   |
| Robert E. Bortz Jr.  | at (262 ) 391-0720   |
| Name of Person   | Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount:                              |  |
| 125.00 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status} | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street/Courier Address Registration Section Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

# Bortz Florida Management Company LLC

(Must end with 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:

| Mailing Address:          |
|---------------------------|
| Helena Bortz              |
| 50 SW 10th Street Apt 610 |
| Miami, FL 33130           |
|                           |

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:

| Helena L | Bonz   |
|----------|--|
|          | Name   |
| 50 SW    | 10th St. Apt 610                                 |
|          | Florida street address (P.O. Box NOT acceptable) |
| Miami    | <sub>FL</sub> 33130                              |
|          | City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE
ASSOCIATION OF STATE OF STAT

| <u>Title:</u><br>"MGR" = Manager<br>"MGRM" = Managing Mem  | Name and Address:   |
|--|---|
| MGRM   | Robert E. Bortz Jr.   |
|  | 210 Monastery Hill Drive  |
|  | Oconomowoc, WI 53066  |
|  |   |
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|  |   |
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| •  |   |
| days after the date of filing.   | than the date of filing:  must be specific and cannot be more than five business        |
| LE V: Effective date, if other fective date is listed, the date  | than the date of filing:  must be specific and cannot be more than five business        |
| LE V: Effective date, if other fective date is listed, the date days after the date of filing.  REQUIRED SIGNATURE   | than the date of filing:  must be specific and cannot be more than five business        |
| LE V: Effective date, if other fective date is listed, the date days after the date of filing.  REQUIRED SIGNATURE  Signature of (In accordance with seconstitutes an affirmal am aware that any feet.)                          | than the date of filing: (OPTIC must be specific and cannot be more than five business: |
| LE V: Effective date, if other fective date is listed, the date days after the date of filing.  REQUIRED SIGNATURE  Signature of the accordance with seconstitutes an affirmation are that any feconstitutes a third determined. | than the date of filing:  |