

L030000037653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

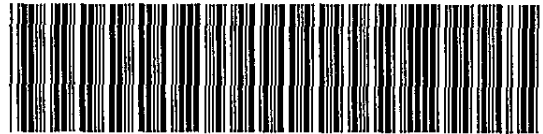
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/26/03--01028--007 **125.00

FILED
2003 SEP 26 PM 1:30
CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN OCT - 2 2003

9397 Midnight Pass Road
805-S
Sarasota, FL 34242
(941) 346-5178

September 24, 2003

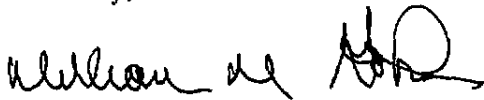
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Enclosed is my check for \$125.00 for:

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

Sincerely,



William M. Goba

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B Goba Products 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:

William M Goba
(Name of Person)

B Goba Products LLC
(Firm/Company)

805-S
9397 Midnight Pass Road
(Address)

Sarasota, FL 34242
(City/State and Zip Code)

For further information concerning this matter, please call:

William Goba at (941) 346 5178
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B Goba Products LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9397 Midnight Pass Rd
805-S
Sarasota, FL 34242

Mailing Address:

9397 Midnight Pass Rd
805-S
Sarasota, FL 34242

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

William M Goba
Name
805 S
9397 Midnight Pass Rd
Florida street address (P.O. Box **NOT** acceptable)
Sarasota FL 34242
City, State, and Zip

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2003 SEP 26 PM 1:30
WILLIAM M Goba
ALLAHASSEE, FLORIDA

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..

William M Goba
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

William M Goba
9397 Midnight Pass Rd 805-S
Sarasota, FL 34242

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

William M Goba
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William M Goba
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2003 SEP 26 PM 1:30
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA