

LD3 000053865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

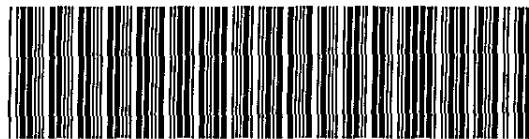
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2003 DEC -8 PM 3:29  
DEPARTMENT OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN DEC 17 2003

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOLD COAST INTEGRATED SYSTEMS, 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:

Steven Von Hasseln  
(Name of Person)

Gold Coast Integrated Systems, LLC  
(Firm/Company)

187 North West 81st Way,  
(Address)

Coral Springs, Florida, 33071  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen von Hasseln at ( 954 ) 818-4973  
(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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2003 DEC -8 PM 3:29  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
2003 DEC -8 PM 3:29  
JULIENNE CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GOLD COAST INTEGRATED SYSTEMS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

137 North West 81st Way,

Coral Springs, Florida, 33071

**Mailing Address:**

137 North West 81st Way

Coral Springs, Florida, 33071

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

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

Stephen Von Hasseln

Name

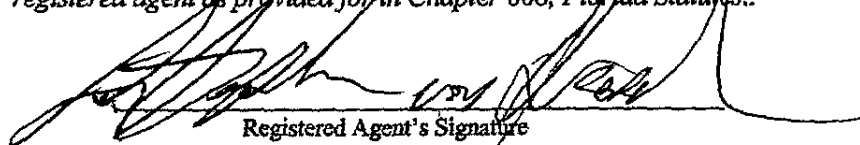
137 North West 81st Way

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

Coral Springs, FLORIDA 33071

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, Florida Statutes..*

  
Registered Agent's Signature

**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:**

MGRM

Steven Von Hasseln

137 North West 81st Way

Coral Springs, Florida, 33071

MGRM

Ryan Bolletino

137 North West 81st Way

Coral Springs, Florida, 33071

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
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.)

Steven Von Hasseln

Typed or printed name of signee

**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)

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OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA