

L041000011742

## Florida Department of State

Division of Corporations

Public Access System

## Electronic Filing Cover Sheet

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## To:

Division of Corporations

Fax Number : (850)205-0383

## From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number : (850)222-9428

## LIMITED LIABILITY COMPANY

M.L. Gould Properties, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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2-12-04

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

M.L. GOULD PROPERTIES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1600 DISTRIBUTION DRIVE

1600 DISTRIBUTION DRIVE

SUITE D

SUITE D

DULUTH, GEORGIA 30097

DULUTH, GEORGIA 30097

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

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

CT CORPORATION SYSTEM

Name

c/o CT Corporation, 1200 South Pine Island Road

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

Plantation,

FLORIDA 33324

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.*

**CONNIE BRYAN**

Connie Bryan **SPECIAL ASSISTANT SECRETARY**

Registered Agent's Signature

04 FEB 12 PM 4:56  
SECRET  
TALLAHASSEE, FL

APPROVED  
AND  
FILED

**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

Michael L. Gould

1600 Distribution Drive, Suite D

Duluth, Georgia 30097

(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.)

H. Stephen Marlin, Organizer

Typed or printed name of signer

**Filing Fees:**

\$160.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

04 FEB 12 04 14 PM '12  
SECRETARY OF  
ALLAHAMMAD

APPROVED  
AND  
FILED