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7/09/2004 Kenneth Olshein 6160 Vista Linda Lane Boca Raton, FL 33433

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Dear Sirs:

I am submitting forms to start a new LLC on this date of July 9, 2004. The name of the new LLC is to be; G.O.P. LLC. You can contact me at 888 342-5642 or 561 392-3385 if there are any questions. I am enclosing a check for \$160.00 for the filing fee, designation of registered agent, certified copy, and certificate of status.

Man Sec. Constant

Sincerely,

Kenneth Olshein

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kenneth P. Olshein
(Name of Person)
G.O.P. LLC
6160 Vista Linda lane
Doca Raton FL 33430 (City/State and Zip Code)
For further information concerning this matter, please call:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	lT.	IC	LE	1 -	Na	me	:	
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The name of the Limited Liability Company is:

G.O.P. 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:
6160 Vista Linda Lane	6160 Vista Linda Lorne
Boca Raton, FL	Boca Ration Fl.
33433	334/23

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

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

Name

Old Vista Linda Lane

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

City. State, and Zin

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

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managin The name and address of each Manager	ng Member(s): or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager	Name and Address: Kenneth Olshein Glad Vista Linda Lane 2004 Ration F(33.43)
"MGRM" = Managing Member	Kith K.
MORM	Kenneth Olshein
MGR M	Boxa Raton Fl 33433
MGRM	Melissa Gendleman 6199 Old Court Rd #702 Boca Ration FL 33433
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
MAN	
Signature of a member or an au	thorized representative of a member.
of this document constitutes an air that the facts stated herein are tru	108(3), Florida Statutes, the execution firmation under the penalties of perjury e.)
Kenneth of Typed or prin	Olshow ated name of signed

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)