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CORPORATION NAME(S) & DOCUMENT NUM	BER(S) (if known):
1. GON OTER 5 L.L.C.	BER(S) (if known):
1. OON OIER D L.C.L. (Corporation Name)	(Document #)
2.	(Document #)
(Corporation Name)	(Document #)
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NEW FILINGS AMENDMENTS	
Profit Amendment NonProfit Resignation of F	R.A., Officer/Director
Limited Liability Change of Regist	·
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OTHER FILINGS REGISTRATIO	N/
Annual Report	<u>N</u>
Fictitious Name Foreign	
Name Reservation Limited Partners	hip
Reinstatement	
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Other	Graminusta Initials

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
ARTICLE I - Name: The name of the Limited Liability Company is: GON OTER 5 L, L, C,		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability Company is:		
6303 SW 1915 AVE		
PEMBOOKE PINES FLORIDA 33332 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
PEMBROKE PINES, FLORIDA JJJJZ		
AKTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:		
JOHN K. OTERO		
6307 SW Name 1915 AVE 3		
<u>6503 3, W. 191= 170 20 00 000 0000000000000000000000000</u>		
PENBROKE PINE SEL		
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		
To the state of the position as regarded again as provided for the chapter 600, 1 to.		
Lalin Co		
Registered Agent's Signature		
Article IV - Management (Check box if applicable.)		
The Limited Liability Company is to be managed by one manager or more managers and is,		
therefore, a manager - managed company. (100 a 11 a 0 = a)		
(MANAGER) JOHN R. OTERO (MANAGER) MICHAEL D. GONZALES PEMBROKE PINES, F. (MANAGER) BEVERLY OTERO 33332		
(MANAGER) MICHAEL D. GONZALES PEMBroKE PINES, F		
BEVERIVOTERD 33332		
(An additional article must be added if an effective date is requested)		
falm f. 1/16		
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.)		
and the facts series herein are true.		

FILING FEES:

Typed or printed name of signee

\$ 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)