

L04000067974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

L04-67974
OK

**GARY SIGMAN
21 ROYAL PALM WAY #203
BOCA RATON, FLORIDA 33432
(561) 289-2958**

SEPTEMBER 13, 2004

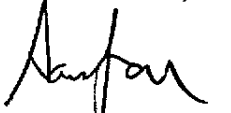
FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE, FLORIDA 32399

DEAR SIR/MADAM

ENCLOSED PLEASE FIND ARTICLES OF ORGANIZATION FOR GOLD KEY REALTY,
LLC. AND A CHECK FOR \$155.00 FOR FILING FEE AND CERTIFIED COPY.

THANK YOU.

SINCERELY,


GARY SIGMAN

01 SEP 15 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLD KEY REALTY, 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:

GARY SIGMAN
(Name of Person)

GOLD KEY REALTY, LLC
(Firm/Company)

1200 CLINT MOORE ROAD SUITE# 10
(Address)

BOCA RATON, FLORIDA 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY SIGMAN at (561) 289-2958
(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

SECTION OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOLD KEY REALTY, LLC

ARTICLE II - Address:

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

Principal Office Address:

1200 CLINT MOORE ROAD SUITE #10

BOCA RATON, FLORIDA 33487

Mailing Address:

PO BOX 1095

DEERFIELD BEACH, FLORIDA 33443

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

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

GARY SIGMAN

Name

21 ROYAL PALM WAY #203

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

BOCA RATON, FLORIDA 33432

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

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JAN 15 PM 2:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

GARY SIGMAN

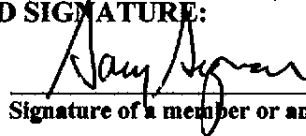
21 ROYAL PALM WAY #203

BOCA RATON, FLORIDA 33432

(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.)

GARY SIGMAN

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)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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