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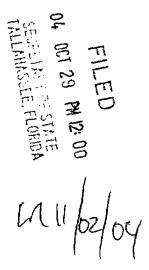
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# TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT: Richard	Goss, LLC		
	(Name of Limited	Liability Company)	
The enclosed Articles of	of Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
Richard			
	4)	Name of Person)	
Richard Goss, LLC	_		
	(F	Firm/Company)	76
			長いるで
716 SE Ala	manda Circle		100 mg
<del></del>		(Address)	OCT 29 PM 12: 00  OCT 29 PM 12: 00  OCT 29 PM 12: 00
			E CT 75
Stua	rt, FL 34997		
<del>-</del>	(City/	State and Zip Code)	<del></del>
For further information	concerning this matter, please	call:	
Richard Goss		at ( 772 ) 631-0062	
(Nam	e of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis 409 E	EET ADDRESS: stration Section sion of Corporations E. Gaines Street hassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compar	ny is:
Richard Goss, 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:
716 SE Alamanda Circle Stuart, FL 34997	716 SE Alamanda Circle Stuart, FL 34997
ARTICLE III - Registered Agent, Regis	stered Office, & Registered Agent's Signature.
The name and the Florida street address of	f the registered agent are:
Richard Goss	Name SSA O T
716 SE Alamanda Circle	D: 12.1
Florida str	reet address (P.O. Box NOT acceptable)
Stuart	FL 34997
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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM — Wallaging McIlloci	Richard Goss 716 SE Alamanda Circle Stuart, FL 34997
(Use attachment if necessary)  NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	RIDA OO

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.)

Richard Goss

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)