

Electronic Filing Cover Sheet

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To:

Division of Corporations " . . ... Fax Number : (850)205-0383

From:

Account Name

: HUBCO Account Number : 104662003400

Phone

(516) 935-3940

Fax Number

(516) 935-3088

## LIMITED LIABILITY CÖMPANY

Gogan Trust, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Corporate Filing

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Gogan Trust, LLC

ARTICLE II - Address
The mailing address and street address of the principal office of the Limited Liability Company is:

1066 Manters Path
Lancaster, PA 17601

ARTICLE III - Registered Agent, Registered Office & Registered Agents Signature
The name and Florida street address of the registered agent are:

12065 Metro Parkway, Suite 101 (P.O. Box or Mail Drop Box NOT soccotable)

Port Myers, FL 13912 (City/State/Zip)

Having boun named as registered again and to accept service of process for the above stated. Itimized 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 statutus relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position at registered again as provided for in Chapter 608, F.S.

> when alch Maril Registered Agent's Signature - Charles Abels Massie

ARTICLE IV - Management (Check box if applicable)

The Linvited Linbility Company is to be managed by one manager or more managers and is, Therefore, a manager - munager

Signature of a mamber or authoritely representative of a mandeer

(In accordance with section \$08.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjusy that the facts stated berein are true.)

> Linda A. Gogan Typed or printed name of signor.