

LO5000026793

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000065071 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

FILED
05 MAR 16 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY
GOTTLIEB FINANCIAL SERVICES, LLC

RECEIVED
03/17/05
05 MAR 16 PM 12:28
DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

20

FROM: Shorstein & Shorstein PA

FAX NO. : 904 739 2069

Mar. 15 11:52 AM 2005

Fax Audit No.
H05000065071 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **Gottlieb Financial Services, LLC**

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are: **4932 Sunbeam Road, Suite 100, Jacksonville, FL 32257.**

ARTICLE III – Registered Agent, Registered Office & Registered Agent’s Signature:


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

Mark Shorstein, CPA
Name
8265 Bayberry Road
Florida street address (P.O. Box NOT acceptable)
Jacksonville, Florida 32256
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 completed 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.

X 
Mark Shorstein, CPA

(An additional article must be added if an effective date is requested)

X 
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.)

Mark Shorstein, CPA, Authorized Representative
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)

FILED
05 MAR 16 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Fax Audit No.
H05000065071 3