

LO5000049847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

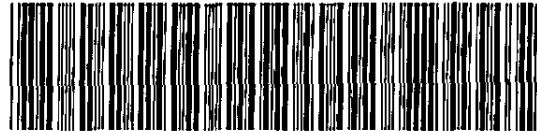
(Business Entity Name)

(Document Number)

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05/11/05--01020--004 **125.00

TILLMAN, SCOTT L
MAY 11 PM 1:25

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gottesman, 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:

Scott Stein
(Name of Person)

Gottesman, LLC
(Firm/Company)

7871 Players Street
(Address)

Naples, FL 34113
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Stein at (239) 394-3995
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

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

TALLAHASSEE, FLORIDA
OCTOBER 11 PM 1:25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gottesman, LLC

ARTICLE II - Address:

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

Principal Office Address:

7871 Players Street
Naples, FL 34113

Mailing Address:

7871 Players Street
Naples, FL 34113

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

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


Scott Stein
Name

7871 Players Street
Florida street address (P.O. Box **NOT** acceptable)

Naples, FL 34113
City, State, and Zip

RECEIVED
05/17/11 11:25
TALLAHASSEE, FLORIDA

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)

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:

Scott Stein

7871 Players Street

Naples, FL 34113

Julie Stein

7871 Players Street

Naples, FL 34113

(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.)

Scott Stein

Typed or printed name of signee

FILED
MAY 11 PM 1:25
TALLAHASSEE, FLORIDA

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)

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Naples, FL 34113

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Name

7871 Players Street

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

Naples, FL 34113

FL

City, State, and Zip

FILED IN FLORIDA
05 MAY 11 PM 1:25

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\$ 5.00 Certificate of Status (Optional)

FILED IN FLORIDA
05/11/11 11:25