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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan

JUN 28 2005

# TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: INVESTMENT LOTS 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 A. GORDON  
(Name of Person)

(Firm/Company)

1060 NW 24 CT  
(Address)

SUNRISE, FL 33313  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Harry A. Gordon at 954 347-6339  
(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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

INVESTMENT LOTS L.L.C.

## ARTICLE II - Address:

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

### Principal Office Address:

1060 NW 24 CT  
SUNRISE, FL 33313

### Mailing Address:

1060 NW 24 CT  
SUNRISE, FL 33313

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

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

DARY A. GORDON

Name

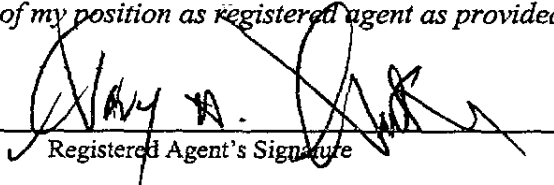
1060 NW 24 CT

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

SUNRISE FL 33313

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):

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The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

"MGR"

**Name and Address:**

DARY A. GORDON  
7060 NW 24 CT  
SUNRISE, FL 33313

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(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.)

DARY A. GORDON  
\_\_\_\_\_  
Typed or printed name of signer

**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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