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PICK-UP		WAIT	MAIL	
(Bı	ısiness E	ntity Name)		
(Do	cument	Number)		
Certified Copies	_ c	ertificates of	Status	
Special Instructions to	Filing O	ficer:		
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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Scott Goldman, CC (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 Goldman (Name of Person)
Land and Livestock / LC (Firm/Company)
6800 w. Commercial Blud, suite
(City/State and Zip Code)
For further information concerning this matter, please call:
Scott Goldman at 954 742-033 For Significant (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee SCERTIFICATE OF Status SCERTIFICATE OF STATUS CERTIFICATE OF STATUS CERT

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:
Scott Galdman, 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:
6800 w. Commercial Blud Suite 1 Lauderbill, FL 37319
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Scott Goldman Name
Florida street address (P.O. Box NOT acceptable)
Lauderhill FL 33319 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 amfailliant with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

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:		
MGR	Scott Goldman 3711 SW 160 Aug Miramar, FC 330	# 101	ت. مدانت وال
<u> </u>			
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(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is reques	sted.	
REQUIRED SIGNATURE:			
Sizely of Samples	r an authorized representative of a memb	or	
(In accordance with sectio	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perju	!- 1	
Scott Goldme Typed	or printed name of signee	SECRETARY	
Filing Fees: \$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional)	ation and Designation	A 10: 28 OF STATE E, FLORIDS	Ö
\$ 5.00 Certificate of Status (Optional)			