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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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07 APR -9 PM 3:45

BLT

**Sharon LaPointe**  
**600 N. Thacker Ave., Suite, D49**  
**Kissimmee, Florida 34741**  
**Office:407-994-2912/Fax:407-994-2913**

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April 6, 2007

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

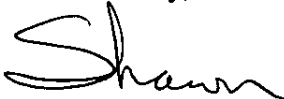
RE: LLC Incorporation for William Gorman & Associates, LLC

Dear Customer Service:

Enclosed please find one original and one copy of the Articles of Organization for a Limited Liability Corporation and a check for the states filing fee and certification.

Your approval, filing, certification and return of the certified copy to the undersigned will be greatly appreciated. Please call the number above should you require any additional information.

Sincerely,



Sharon A. LaPointe

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is: WILLIAM GORMAN & ASSOCIATES INVESTMENTS, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: William Gorman, 1450 Granada Blvd., Kissimmee, Florida 34746

**ARTICLE III- Officers, Directors, Members:**

The name and mailing address of the Limited Liability Company's Officers, Directors and Members are:

**William Gorman/President; Secretary; Member; Manager**  
**1450 Granada Blvd.**  
**Kissimmee, FL 34746**

**ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

William Gorman

Name

600 N. Thacker Ave., Suite D49

Florida street address

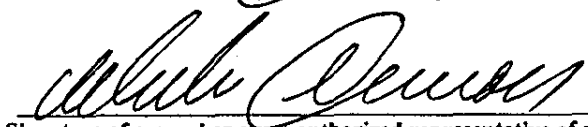
Kissimmee, FL 34741

City, State, and Zip

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*Having been named as register 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

  
\_\_\_\_\_  
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.)

William Gorman

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)**