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SECRETARY OF STATE ALLAHASSEE FLORIDA

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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: OREN GOTTESMAN REALTY, LLC
	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
<u> </u>	OREN GOTTESMAN
	Name of Person
	OREN GOTTESMAN REALTY, LLC
	Firm/Company
	12278 COUNTRY DAY CIRCLE
	Address
	CAPE CORAL, FL 33913
	City/State and Zip Code
	orengottesman@comcast.net E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Oren Gottesman at (239) 898 - 7291 Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\bigcup \\$155.00 \text{ Filing Fee & Certificate of Status}\$\bigcup \\$160.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$
	Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

O9 MAY 19 AM 8: 0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
OREN GOTTESMAN	IRFAITY LIC
(Must end with the words "Limited Liabil	
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
42270 COLINTRY DAY OLDOLE	42270 COUNTRY DAY CIPCLE
12278 COUNTRY DAY CIRCLE Fort Myers, FL. 33913	12278 COUNTRY DAY CIRCLE Fort Myers, FL. 33913
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	registered agent are:
Oren Gott	esman
Name	
12278 COUNTRY	DAY CIRCLE
Florida street address (P.O.	Box NOT acceptable)
Fort Myers, FL. 33913	FL.
City, State, a	<u></u>
	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 (REQUIRED)

(CONTINUED)

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Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

		Name and Address:
"MGR" = Manager		
"MGRM" = Manag	ging Member	
MGR	_	Oren Gottesman
	-	12278 Country Day Circle
		Fort Myers, FL 33913
MGRM		Lisa Gottesman
	_	12278 Country Day Circle
		Fort Myers, FL. 33913
	-	
	-	**************************************
(Use attachment if	necessary)	
·	• •	ate of filing: .(OPTIONAL
CLE V: Effective da	te, if other than the da	ate of filing: (OPTIONAL specific and cannot be more than five business days
CLE V: Effective da	te, if other than the da	ate of filing: (OPTIONAL specific and cannot be more than five business days
CLE V: Effective da effective date is listed days after the date	te, if other than the da d, the date must be s of filing.)	ate of filing: (OPTIONAL specific and cannot be more than five business days
CLE V: Effective da	te, if other than the da d, the date must be s of filing.)	ate of filing: (OPTIONAL specific and cannot be more than five business days
CLE V: Effective date of the color of the co	te, if other than the dad, the date must be se of filing.)	specific and cannot be more than five business days
CLE V: Effective date of the color of the co	te, if other than the dad, the date must be se of filing.)	ate of filing: (OPTIONAL specific and cannot be more than five business days Company and authorized representative of a member.
CLE V: Effective date of the control	te, if other than the dad, the date must be se of filing.) NATURE: ignature of a member of a accordance with section	or an authorized representative of a member. Solution 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury
CLE V: Effective date of the control	te, if other than the dad, the date must be set of filing.) NATURE: ignature of a member of this document constituted that the facts stated hereing.	or an authorized representative of a member. Solution 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury
CLE V: Effective date of the control	te, if other than the date, the date must be set of filing.) NATURE: ignature of a member of this document constituted that the facts stated hereing the date of the date of the document constituted that the facts stated hereing the date of the	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution on an affirmation under the penalties of perjury in are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)