

209000108984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

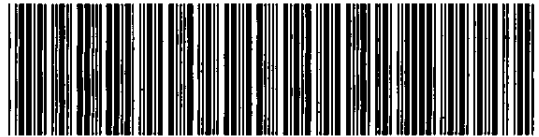
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100162064261

10/26/09--01019--020 **155.00

FILED
09 NOV -9 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
NOV 10 2009
EXAMINER

S. HAWKES
NOV 27 2009
EXAMINER

11/27/09 4:50 PM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2009

JEFFREY BRITZ
1546 BOURBON PKWY
STREAMWOOD, IL 60107

SUBJECT: THE GOLD VALLEY OF FLORIDA, LLC
Ref. Number: W09000048074

We have received your document for THE GOLD VALLEY OF FLORIDA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 309A00034221

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: The Gold Valley of Florida, 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:

Jeffrey Britz

Name of Person

The Gold Valley of Florida, LLC

Firm/Company

1546 Bourbon Pkwy.

Address

Streamwood, IL 60107

City/State and Zip Code

sabrina@thegoldvalley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabrina Field

Name of Person

at (404) 303-7742 x103

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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Gold Valley of Florida, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

OF NORTHEAST FLORIDA, LLC

ARTICLE II - Address:

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

Principal Office Address:

31 Magnolia Ave.
St. Augustine, FL 362084

Mailing Address:

1546 Bourbon Parkway
Streamwood, IL 60107

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.):

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

Fred Sadoff

Name

1535 Northpark Dr., Suite 101

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

Weston 33326

FL

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..

Fred Sadoff
Registered Agent's Signature (REQUIRED)

(CONTINUED)

09 NOV - 9 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

MGRM

Jeffrey Britz
145 E. 81st St., Apt 11D
New York, New York 10028

MGRM

Scott Garber
5872 Mitchell Rd. NW
Atlanta, Ga. 30328

MGRM

Abraham Gray
751 Leila Lane
Lawrenceville, Ga. 30045

MGRM

Jordan Sadoff
304 Pebble Beach
Bartlett, IL 60103

(Use attachment if necessary)

** See attached*

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Jeffrey Britz

Typed or printed name of signee

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)

FILED
09NOV-9 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Last Name, First

Title

Home Address, City, State, Zip Code

Sadoff, Jake

MGRM

304 Pebble Beach, Bartlett, IL 60103

FILED

09 NOV -9 PM 3:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**