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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	··
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE ON DIVISION OF CORPORATION

Office Use Only

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: The Gittes Group 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:	
Deborah Gittes	
Name of Person	
Cash Plus #222	
Firm/Company	······································
4987 Golden Gate Parkway	
Address	
Nemico El 04116	
Naples, FL 34116 City/State and Zip Code	
manager@naplescashplus222.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Deborah Gittes at (239) 216-2073	
Name of Person Area Code & Daytime Telep	phone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CTallahassee FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
rmcipal Office Address:	THE TABLE TO SEE
4987 Golden Gate Parkway	4987 Golden Gate Parkway

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

Deborah Gittes

Name

4987 Golden Gate Parkway

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

Naples

business entity with an active Florida registration.)

ARTICLE I - Name:

FL 34116 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..

(CONTINUED)

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

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

	tle:	Name and Address:	
	IGR" = Manager		
"N	IGRM" = Managing Meml	ber	
М	GRM	Deborah Gittes	
		4987 Golden Gate Parkway	
		Naples, FL 34116	
M	GRM	Mark Gittes	
		5763 Arapahoe Avenue, Unit N	
		Boulder, CO 80303	
	 		
(U	se attachment if necessary))	
ADTICLE	V 7. DCC' 1'C .1	d d l CCP (OPTIONA	A T \
		than the date of filing: (OPTIONAl must be specific and cannot be more than five business day	•
•	ys after the date of filing.)	must be specific and cannot be more than five business day	× prior
	, 	TI TAX	≘ ⊊
		₹	
<u>RF</u>	<u> QUIRED</u> SIGNATURE:	20	
		李	250
			윤살
	Signature of	a member or an authorized representative of a member.	SE SE
	(In accordance with se	ection 608.408(3), Florida Statutes, the execution of this document	75
	constitutes an affirmat	tion under the penalties of perjury that the facts stated herein are true.	
		alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)	
	=	- O!H	

Deborah Gittes

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)