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| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | me) |
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| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only

B. KOHR

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EXAMINER



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COVER LETTER

| TO: | Registration of | on Section Toporations | | | |
|----------|-----------------|---|---|--|-----------|
| SUBJE | ·CT· | Gunderse | n Enterprises | , LLC | |
| SOBJE | | Name of Limit | ed Liability Company | | _ |
| The end | closed Article | es of Organization and fee(s) are | submitted for filing. | | 12 HAR -8 |
| Please 1 | return all corr | respondence concerning this matt | er to the following: | | |
| - | | Richard | d C. Gunders | sen | 8 |
| | | | Name of Ferson | | ب |
| _ | | Gunderse | n Enterprises | s, LLC | |
| | | | Firm/Company | | |
| | | 4293 We | st Avenida De | e Golf | |
| - | | | Address | | |
| | | Pac | ce, FL 32571 | | |
| - | | | y/State and Zip Code | , | |
| | | | pa@yahoo.com | | |
| | | E-mail address: (to be used t | · | uncation) | |
| For furt | her informati | on concerning this matter, please | e call: | | |
| | Richar | d C. Gundersen | at (850) | 994-8283 | |
| | Na | me of Person | Area Code & D | Paytime Telephone Number | - |
| Enclose | ed is a checl | for the following amount: | | _ | |
| S125.00 | Filing Fee | \$130.00 Filing Fee & Certificate of Status | ✓ \$155.00 Filing For Certified Copy (additional copy is e | Certificate of St | atus & |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courie Registration S Division of C Clifton Build 2661 Executi Tallahassee, I | ection orporations ing ve Center Circle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | |
|--|--|---|--|
| The name of the Limited Liab | oility Company is | : | N SEC |
| Gund | lersen Ente | erprises, LLC | 黄鹭 |
| | | lity Company, "L.L.C.," or "LLC.") | — 8 P |
| ARTICLE II - Address: The mailing address and stree | et address of the p | rincipal office of the Limited Liabili | ty Company is: |
| Principal Office Address: | | Mailing Address: | |
| 4293 West Avenida De Golf Pace, FL 32571 | | 4293 West Avenida De Golf Pace, FL 32571 | |
| | | | |
| The name and the Florida stre | Richard C. G | Gundersen | |
| 4293 | | enida De Golf | |
| | Pace Pace | dress (P.O. Box <u>NOT</u> acceptable) S1 32571 | |
| | | FL 3237 1 ate, and Zip | |
| liability company at the pla registered agent and agree to statutes relating to the prope accept the obligations of m | ace designated in t act in this capacit or and complete pe | accept service of process for the above his certificate. I hereby accept the apply. I further agree to comply with the performance of my duties, and I am fant stered agent as provided for in Chapter ure (REOUIRED) | pointment as provisions of all uiliar with and |

(CONTINUED)

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

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

| MGRM | Richard C. Gundersen |
|---|---|
| | 4293 West Avenida De Golf |
| | Pace, FL 32571 |
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| (Use attachment if necessary) | |
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| LE V: Effective date, if other th | han the date of filing: (OPTIONAL |
| ffective date is listed, the date | must be specific and cannot be more than five business days |
| days after the date of filing.) | • |
| uavs after the date of filling. | |

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

mature of a member or an authorized representative of a member.

Richard C. Gundersen

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)