## L14000014768

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Cusinger Entity Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



500255393265

16 JAN 27 PM 1:5

2019-02-27 16-12:23

B. BOSTICK

JAN 28 2014

ЕХАМЦИЛ



ON SERVICE COMPANY.	
ACCOUNT NO. : I2000000195	
REFERENCE : 976111 5840A	
AUTHORIZATION :	
COST LIMIT: \$/125.00	
ORDER DATE : January 27, 2014	
ORDER TIME : 12:0 PM	
ORDER NO. : 976111-010	
CUSTOMER NO: 5840A	
DOMESTIC FILING	
NAME: NORDMAN ASSOCIATES I, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION	
CERTIFICATE OF LIMITED PARTNERSHIP	90 ES
XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY	្ត ស្វែ ភាព ស្វ
XX PLAIN STAMPED COPY	C-)
CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight - EXT. 52956	
EXAMINER'S INITIALS:	

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NORDMAN A	ASSOCIATES I, LLC	
0012201	ne of Limited Liability Company	
The enclosed Articles of Organization and	fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Steven I. Gree	enwald Esq.	
**************************************	Name of Person	
Law Offices of	f Steven I. Greenwald, P.A.	
V-1-7	Fiлn/Company	
6971 North Fe	ederal Highway, Suite 105	
	Address	
Boca Raton, F	Florida 33487	
	City/State and Zip Code	,
sigreenwaldlaw@at	dress: (to be used for future annual report notification)	i.
		;
For further information concerning this ma	$rac{G}{G}$	: '
Steven I. Greenwal	d <sub>37</sub> 561 ,994-5560	-
Name of Person	Area Code Daytime Telephone Number	:
Enclosed is a check for the following amou	int:	(
\$125.00 Filing Fee \$130.00 Filing S Certificate of S		d)
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NOROMAN ASSOCIATES I, LLC	· · · · · · · · · · · · · · · · · · ·	
(Must e	end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	et address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
d/e David Godnik		c/e David Godnik
1201 South Ocean Drive, Apt. 1703 S		1201 South Ocean Drive, Apt. 1703 S
Holywood, FL 33019		Hollywood, FL 33019
ŕ	an active Florida regi	
another business entity with The name and the Florida str	an active Florida regi	stration.)
The name and the Florida str	an active Florida regi	istration.) istered agent are: Name
The name and the Florida str	an active Florida regined address of the regined GODNIK  South Ocean Drive, Apartme	istration.) istered agent are: Name
The name and the Florida str  OAVE  1201:	an active Florida regined address of the regined GODNIK  South Ocean Drive, Apartme	istration.) istered agent are: Name ma 1703 S
The name and the Florida str  OAVE  1201:	an active Florida region and active Florida region of the	istered agent are:  Name  wa 1703 S  O. Box NOT acceptable)

(CONTINUED)

Page Lof 2

fjitle:	Name and Address:	
'AMBR" = Authorized Member	as error assertation and a the first of the control of the first of the control o	
MGR" = Manager		
MGRM	Northman Associates, Inc., an Illinois corporation	
	c/o Devic Godnik	
	1201 South Ocean Driva, Apt. 1703 S. Hollywood, FL 13019	
<del></del>		
	**************************************	
Use attachment if necessary)		
EVI: Other provisions, if any.		
•		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc	ument
Signature of a memb (In accordance with section 605 constitutes an affirmation unde	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are	ument
Signature of a member of a mem	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of St	ument
Signature of a member of a mem	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of States by as provided for in s.817,155, F.S.)	ument
SEQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605 constitutes an affirmation unde I am aware that any false infor constitutes a third degree felon	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this docer the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of Stay as provided for in s.817,155, F.S.)	ument
SEQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605 constitutes an affirmation unde I am aware that any false infor constitutes a third degree felon	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of States by as provided for in s.817,155, F.S.)	ument
SEQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605 constitutes an affirmation unde I am aware that any false infor constitutes a third degree felon	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of Stay as provided for in s.817,155, F.S.)  The provided for in s.817,155, F.S.)	ument true.
SIGNATURE:  Signature of a memb (In accordance with section 605 constitutes an affirmation unde I am aware that any false infort constitutes a third degree felon DAVID GODNIK	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of Stay as provided for in s.817,155, F.S.)  Typed or printed name of signee  Filing Fees:	ument
SIGNATURE:  Signature of a member of a mem	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of Stay as provided for in s.817,155, F.S.)  The provided for in s.817,155, F.S.)	ument true. ate
SIGNATURE:  Signature of a memb (In accordance with section 605 constitutes an affirmation unde I am aware that any false infort constitutes a third degree felon DAVID GODNIK	Der or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of St may as provided for in s.817,155, F.S.)  Typed or printed name of signee  Filing Fees: mization and Designation of Registered Agent	ument true. ate
SIGNATURE:  Signature of a member of a mem	Der or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of St may as provided for in s.817,155, F.S.)  Typed or printed name of signee  Filing Fees: mization and Designation of Registered Agent	ument true.
SIGNATURE:  Signature of a member of a mem	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of St my as provided for in s.817-155, F.S.)  Typed or printed name of signee  Filing Fees: mization and Designation of Registered Agent	ument true. ate
SIGNATURE:  Signature of a member of a mem	Der or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of St may as provided for in s.817,155, F.S.)  Typed or printed name of signee  Filing Fees: mization and Designation of Registered Agent	ument true.
SIGNATURE:  Signature of a member of a mem	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of St my as provided for in s.817-155, F.S.)  Typed or printed name of signee  Filing Fees: mization and Designation of Registered Agent	ument true. ate
SIGNATURE:  Signature of a member of a mem	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this doc or the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of St my as provided for in s.817-155, F.S.)  Typed or printed name of signee  Filing Fees: mization and Designation of Registered Agent	ument true.