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(Re	equestor's Name)	
. (Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

EFFECTIVE DATE 01/2



400262355374

07/30/14--01010--011 **125.00

JUL 3 0 2014 D. BRUCE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Goodman St LLC Name o	of Limited Liability Company	_
The en	closed Articles of Organization and fee	e(s) are submitted for filing.	
	return all correspondence concerning the	•	
	Laureen Oliver		
		Name of Person	
	Goodman St LLC		****
		Firm/Company	
	1906 Jenkins Ct		2 2
		Address	
	The Villages, FL 32162		30
		City/State and Zip Code	
<u>La</u>	aureen@LaureenOliver.com E-mail address: (to be	e used for future annual report notification)	
For fur	ther information concerning this matter	r, please call:	₹ 26
Laure		at (<u>352</u>) <u>751-7225</u>	_
	Name of Person	Area Code Daytime Telephone Numb	er
Enclose	ed is a check for the following amount:	•	
고 \$125.0	00 Filing Fee S130.00 Filing Fee Certificate of Statu	s Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Goodman St LLC		n (110m)
(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 princ	ipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
1906 Jenkins Ct The Villages, FL 32162	1906 Jenkins Ct The Villages, FL 32162	
- The Vinages, 1 L of John State of the Stat		
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered Agent. You must	
The name and the Florida street address of the regi	stered agent are:	
Laureen Oliver		_
	Name	
1906 Jenkins Ct Florida street address (P.C	D. Box NOT acceptable)	_
The Villages	FL 32162	_
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby capacity. I further agree to comply with the proving finy duties, and I am familiar with and accept to the province of my duties.	accept the appointment as registere isions of all statutes relating to the p	d agent and agree to act in this roper and complete performance
registered Agent's	Signific (CEQUIDD)	30
(CON	TINUED)	P. P.
Ра	ge 1 of 2	12 × 2

EFFECTIVE DATE 07/28/14

Use attachment if necessary) 2.V: Effective date, if other than the date of filing: July 28, 2014 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling. 2.V: Other provisions, if any. 2.V: Other provisions, if any. 2.V: Other provisions, if any. 3. Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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 States constitutes a third degree felony as provided for in s.817.155, F.S.) 2. Laureen Oliver Typed or printed name of signee 3. Silling Fees: 3. Silling Fees: 3. Silling Fees for Articles of Organization and Designation of Registered Agent	<u>Γitle:</u>	Name and Address:
Laureen Oliver 1906 Jenkins Ct The Villages, FL 32162 Use attachment if necessary) IV: Effective date, if other than the date of filing: July 28, 2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 (filing.) IVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605, 2020 (1) (b), 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 States constitutes a third degree felony as provided for in s.817.155, F.S.) Laureen Oliver Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	AMBR" = Authorized Member	
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