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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GRUSS GOTT, LLC

Signature _____

Requested by: SETH

09/29/14

Name _____

Date _____

Time _____

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____ Art of Inc. File _____
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____ Officer Search _____
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____ Driving Record _____
____ UCC 1 or 3 File _____
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ARTICLES OF ORGANIZATION FOR

Gruss Gott, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Gruss Gott, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **3101 Terrace Ave., Naples, FL 34104**

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ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Michael Tick, 3101 Terrace Ave., Naples,
FL 34104**

ARTICLE IV: MANAGERS AND AUTHORIZED MEMBERS

The name and address of each initial person authorized to manage and control the Limited
Liability Company:

Michael Tick, Authorized Member, 3101 Terrace Ave., Naples, FL 34104

The undersigned has executed these Articles of Organization for filing purposes this 27th
day of September 2014.



Michael Tick Authorized Representative

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the company is: **GRUSS GOTT, LLC**

2. The name and address of the registered agent and office is:

**MICHAEL TICK
3101 TERRACE AVENUE
NAPLES, FL 34104**

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 605, F.S.

Michael Tick

Signature of Registered Agent

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