

L14000165988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

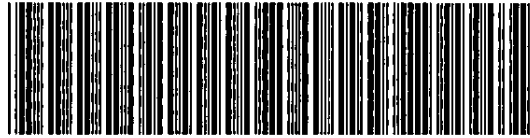
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000265523640

10/22/14--01025--001 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT 22 PM 1:24

FILED

OCT 24 2014
D. BRUCE

October 15, 2014

Registration Section

Division of Corporations

P O Box 6327

Tallahassee, FL 32314

Reference : Gottlieb Holdings LLC

Document Number L2000000257

Dear Department:

It has come to my attention that the annual report for 2014 was not filed timely and therefore my LLC was administratively dissolved.

At this time I would like for the department to release this document number L12000000257 for Gottlieb Holdings LLC

I am also enclosing articles that I would request the department to file for me at this time.

Thanking you in advance for your help in getting these matters resolved.

Sincerely,



Avi Gottlieb

Managing Member

FILED
2014 OCT 22 PM 1:24
TALLAHASSEE FLORIDA
CLERK OF COURTS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gottlieb Investment Holdings 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:

Avi Gottlieb

Name of Person

Firm/Company

709 Cape Coral Parkway W

Address

Cape Coral, FL 33914

City/State and Zip Code

kathleen@ctfs.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Flynn

Name of Person

at (239)

Area Code

540-2612

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2014 OCT 22 PM 1:24

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gottlieb Holdings LLC

(Must end with the words "Limited 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 is:

Principal Office Address:

Mailing Address:

709 Cape Coral Parkway W
Cape Coral, FL 33914

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lawrence Swan

Name

709 Cape Coral Parkway W

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

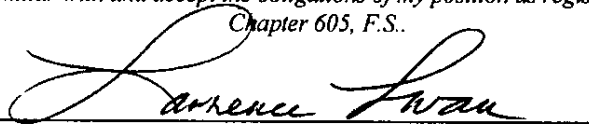
Cape Coral

FL 33914

City

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2014 OCT 22 PM 1:24
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Avi Gottlieb

7 Vinshel

Tel Aviv Israel 413 69

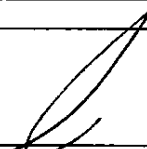
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

 AVI GOTTLEIB

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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

Avi Gottlieb

Typed or printed name of signer

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)

FILED
2014 OCT 22 PM 1:24
CLERK OF STATE
TALLAHASSEE FLORIDA