

L14 000179132

(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



900266214009

11/12/14--01018--023 **130.00

FILED
2014 NOV 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 19 2014

T CLINE

Jerrold E. Slutzky, J.D., CFP®
Attorney at Law

Slutzky Law Firm
20719 Sterlington Drive, Suite 103
Land O' Lakes, FL 34638
Telephone: (813) 909-1515
Fax: (813) 949-1105
JSlutzky@SlutzkyLawFirm.com
www.SlutzkyLawFirm.com

Satellite Office
529 Harbor Grove Circle
Safety Harbor, FL 34695

November 10, 2014

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

Re: **GONA, LLC**

To Whom It May Concern:

In connection with the aforesaid company, I have attached the duly signed Articles of Organization for Florida Limited Liability Company.

I have also enclosed my check in the sum of \$130.00 including:

\$125.00 Filing Fee;

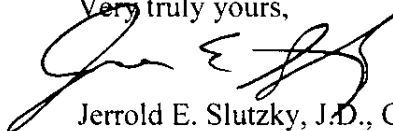
5.00 Certificate of Status

\$130.00 Total

Please expedite the establishment of the aforesaid company.

If you have any questions, or if anything else is required, please do not hesitate to call me.

Very truly yours,


Jerrold E. Slutzky, J.D., CFP®

2014 NOV 12 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GONA, 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:

Jerrold E. Slutzky, Attorney at Law

Name of Person

Slutzky Law Firm

Firm/Company

20719 Sterlington Drive, Suite 103

Address

Land O Lakes, FL 34638

City/State and Zip Code

Akarcz99@yahoo.com

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

For further information concerning this matter, please call:

Jerrold E. Slutzky

Name of Person

at (813)

Area Code

909-1515

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 12 AM 10:00

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GONA, 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:

12419 White Bluff Road
Hudson, FL 34669

706 Beechwood Drive
Twp of Washington, NJ 07676

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:

Jerrold E. Slutzky

Name

20719 Sterlington Drive, Suite 103

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

Land O Lakes

FL 34638

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)

FILED
2014 MAY 12 AM 04:00
SECRETARY OF STATE
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:

Andrzej Karcz

706 Beechwood Drive

Twp of Washington, NJ 07676

AMBR

Linda Silva-Karcz

706 Beechwood Drive

Twp of Washington, NJ 07676

2014 NOV 12 AM 11:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

X 

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.)

Andrzej Karcz

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)