

L14000189803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

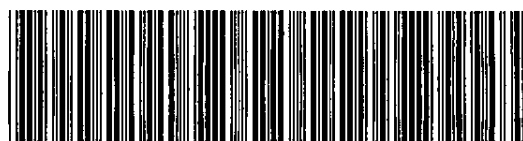
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FINKEL WHITEFIELD SELIK

December 10, 2014

VIA FEDERAL EXPRESS

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

Re: Gerholz Family LLC

Dear Sir/Madam:

Enclosed for filing are the following documents to facilitate the creation of a Florida Limited Liability Company and then merge with a Georgia Limited Liability Company, with the Florida entity as the surviving party:

1. Articles of Organization for Florida Limited Liability Company, with cover letter; and,
2. Articles of Merger for Florida Limited Liability Company, with cover letter.

Also enclosed is our check in the amount of \$175.00 to cover the filing fees for both transactions.

Please date-stamp the enclosed copies of each cover letter and return them to us in the envelope provided. If you have any questions or need additional information regarding this matter, please do not hesitate to contact us.

Very truly yours,

FINKEL WHITEFIELD SELIK

A handwritten signature in black ink, appearing to read 'Gail C. Kline', written over the printed name and title.

Gail C. Kline
Paralegal

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TALLAHASSEE, FLORIDA

/gck
Enclosure
Q:\27550.005\LTFLSOS.DOCX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gerholz Family 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:

Gail C. Kline, Paralegal

Name of Person

Finkel Whitefield Selik

Firm/Company

32300 Northwestern Highway, Suite 200

Address

Farmington Hills, MI 48334

City/State and Zip Code

gkline@fwslaw.com

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

For further information concerning this matter, please call:

Gail C. Kline

Name of Person

at (248) 855-6500

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gerholz Family 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:

3707 Carmichael Drive
Punta Gorda, FL 33950

3707 Carmichael Drive
Punta Gorda, FL 33950

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:

Robert C. Gerholz

Name

3707 Carmichael Drive

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


Punta Gorda

FL 33950

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)

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ARTICLE IV-

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

Title: AMBR Authorized Member
MGR Manager
MGR

Name and Address:

Robert C. Gerholz
3707 Carmichael Drive
Punta Gorda, FL 33950

(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.

The business of the limited liability company will be managed by one or more manager(s) who may, but need not, be member(s).

REQUIRED SIGNATURE:

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.)

Robert C. Gerholz

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)

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TALLAHASSEE, FLORIDA