## L1500009020

(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:

Street Seconly



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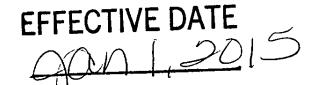
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EFFECTIVE DATE

101.14.15

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Gottlieb Business Services, LLC Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Robert S. Gottlieb		
		Name of Person	
		Firm/Company	<u>.</u>
	C702 Channal Taril	•	
	6703 Shamrock Trail	Address	<del></del>
	Boynton Beach, FL 33437-3913	City/State and Zip Code	
• bo	obgottlieb@yahoo.com E-mail address: (to be use	ed for future annual report notifica	ition)
For fur	ther information concerning this matter, ple	ease call:	
<u>Rober</u>	t S. Gottlieb at (  Name of Person	561 ) 235-6722 Area Code Daytime Tel	ephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	0 Filing Fee \$\times \text{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 Adding Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle



Alls My S Par liss ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

A	R'	TI	C	L	E	I	-	N	a	m	e:
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The name of the Limited Liability Company is:

Gottlieb Business Services, 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:
6703 Shamrock Trail Boynton Beach, FL 33437-3913	6703 Shamrock Trail Boynton Beach, FL 33437-3913

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 S. Gottlieb	
Name	
6703 Shamrock Trail Florida street address (P.O. Box	NOT acceptable)
Boynton Beach	FL 33437-3913
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

<u>[itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MGR	Bahart S. Cattliah
WIGIT	Robert S, Gottlieb 6703 Shamrock Trail
	Boynton Beach, FL 33437-3913
	BOYING! BESS!!, 1 E 33431-3313
AMBR	Jennifer A. Clark
	74 S. Merrick Road
	Massapequa, NY 11758
	1 1000
V: Effective date, if other than the date ctive date is listed, the date must be sp	e of filing: <u>Jan 1, 2015</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or
Use attachment if necessary)  EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  EVI: Other provisions, if any.	e of filing: <u>Jan 1, 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or
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V: Effective date, if other than the date clive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes are affirmation	ecific and cannot be more than five business days prior to or
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CV: Effective date, if other than the date entire date is listed, the date must be sp. filing.)  EVI: Other provisions, if any.  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
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