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(Re	equestor's Name)	
(Ad	dress)	
(A.	Idea N	
(AO	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
/D:	sinoss Entity Nom	<u>.</u>
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	_	-
		
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Division of	n Section Corporations	•	
SUBJECT: Goltz I	Dynamice I.I.C		
SUBJECT: GOIZE		mited Liability Company	, <u>,</u>
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
Lawrenc	ce H. Goltz		
		Name of Person	
Goftz Dy	namics LLC		
		Firm/Company	
2009 Hi	nson Ave.		
		Address	
Panama	City Beach, FL, 32407		
		City/State and Zip Code	
lawrencegoltz@	yahoo.com	d for future annual report notifica	tion
		•	mon)
For further information	on concerning this matter, ple	ase call:	
Larry Goltz	at (_	850 ₎ 238-9744	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	me of Person		lephone Number
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address	Street/Courier Add	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AN.	TICLES OF ONGANIZATION IN	M FEORIDA LAWITED HABILATTI	ANII ANI
ARTICLE I - Name: The name of the Limit	ted Liability Company is:		
Goltz Dynamics LLC	C		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," o	r "LLC.")
ARTICLE II - Address a		al office of the Limited Liability Co	mpany is:
Principal Office Add	ress:	Mailing Address:	
2009 Hinson Ave.		PO Box 20083	
Panama City Beach	1	Panama City Beach	
FL, 32407		FL, 32417	
The name and the Pio	Lawrence H. Goltz	ame	
		inc	
	2009 Hinson Ave.		
	Florida street address (P.O.	Box NOT acceptable)	
	Panama City Beach	_{FL} 32407	
	City	Zip	
the place designate capacity. I further a	ed in this certificate, I hereby ac agree to comply with the provision am familiar with and accept the Company of the MAMIMO A	nt service of process for the above state of the appointment as registered a cons of all statutes relating to the prope obligations of my position as registed hapter 605, F.S	igent and agree to act in this per and complete performance
	Registered Agent's Si	gnature (REQUIRED)	

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:	
			
			-
			······
			
			,
			
(Use attachment if necessive the control of the con	ther than the date of f	iling: ic and cannot be more than five busi	(OPTIONAL) ness days prior to or 9
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