

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : GREENBERG TRAURIG - FORT LAUDERDALE

Account Number: I20040300196
Phone: (934)765-0800
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __distefanor@gtlaw.com

FLORIDA LIMITED LIABILITY CO. GOETTLING AND ASSOCIATES II, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu Corporate Filing Menu

Help

2015-03-11 16.38 00 EDT H15000062463 3

ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME: The name of the limited liability company is GOETTLING AND ASSOCIATES II, LLC (the "Company").

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 15901 Collins Avenue, Apt. 3004, Sunny Isles Beach, FL 33160-4151. The street address of the principal office of the Company is 15901 Collins Avenue, Apt. 3004, Sunny Isles Beach, FL 33160-4151.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida Street address of the Company's registered agent are:

Robert C. Goetfling 15901 Collins Avenue, Apt. 3004 Sunny Isles Beach, FL 33160-4151

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 in Chapter 605, Florida Statutes.

Robert C. Goettling - Registered Agent's Signature

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

Title

Name and Address

Manager

Robert C. Goettling 15901 Collins Avenue, Apt. 3004 Sunny Isles Beach, FL 33160-4151

[Signature on following page]

H15000062463 3

REQUIRED SIGNATURE:

Henry H. Bloom, authorized representative of sole 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.)

