## LICOURD 630214

(Re	equestor's Name)	
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EFFECTIVE DATE



MAR 3 2016

S. GILBERT

## **COVER LETTER**

TO:

Registration Section

Di	vision of Corporations		
ud iecz.	Gottesplan Group, LLC		
UBJECT:	Name of	Limited Liability Company	<del></del>
he enclose	d Articles of Organization and fee(s	) are submitted for filing.	
lease retur	n all correspondence concerning this	s matter to the following:	
	Dan Collins		
•		Name of Person	
	Gottesplan Group		
		Firm/Company	
	25 1st St.		
	<del> </del>	Address	
1	Bonita Springs, FL 34134		
•		City/State and Zip Code	
•	d.collins@gottesplan.com		
•	E-mail address: (to be us	sed for future annual report notificat	ion)
further in	formation concerning this matter, pl	ease call:	
Da	n Collins	239	671-9882
	Name of Person	at () Area Code Daytime Telephon	a Number
		Area Code Daytime relephon	ie Number
iclosed is	a check for the following amount:		
\$125.00 F	Filing Fee 🗸 \$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section	New Filing Section	·
	Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	ions
	Tallahassee FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

## ARTICLESOF ORGANIZATIONFORFLORIDALIMITEDLIABILITY COMPANY

ARTICLESC	JF URGANIZATIONFUR			. Degree
ARTICLE I - Name: The name of the Limited L	iability Company is:			16 MAR 2
Gottesplan Gro	up, LLC		$A_{i}$	16 MAR 2
(Must	end with the words "Limited	Liability Company		,
ARTICLE II - Address: Limited Liability Company	The mailing address and str	eet address of the p	orincipal office of the	
Principal Office Ad	ldress:	Mailing Addr	ess:	
25 1st St. Bonita Springs, FL	34134	25 1st St. Bonita Spring	s, FL 34134	
	Dan Collins			
		Name		
	25 1st St.			
	Florida Street addres	s (P.O. Box <u>NOT</u> a	cceptable)	
	Bonita Springs	FL	34134	
	City	State	Zip	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.  LE VI:Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute	"MGR" = Manager  MGR Dan Collins  25 1st St.  Bonita Springs, FL 34134  (Use attachment if necessary)  Effective date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be more than five business days prior to date of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.  EVI:Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of Statute I am aware that any false information submitted in a document to the Department of Statute			Name and Address:
MGR  Dan Collins  25 1st St.  Bonita Springs, FL 34134  (Use attachment if necessary)  : Effective date, if other than the date of filing:	MGR  Dan Collins  25 1st St.  Bonita Springs, FL 34134   (Use attachment if necessary)  : Effective date, if other than the date of filing:  (Use attachment if necessary)  : Effective date, if other than the date of filing:  (OPTIONAL)  ective date is listed, the date must be specific and cannot be more than five business days prior to date of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.  JE VI:Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 1 am aware that any false information submitted in a document to the Department of Statutes a third degree felony as provided for in s.817.155, F.S.			·
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Effective date, if other than the date of filing:	Effective date, if other than the date of filing:			Bonita Springs, FL 34134
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**ARTICLE IV-**

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)