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| (Req | uestor's Name) | |
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| (Add | ress) | |
| (Add | ress) | |
| (City. | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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ECRETARY OF STATELLAHASSEE, FLORIC

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| | COVER LETTER |
|-----------|--|
| TO: | New Filing Section Division of Corporations |
| SUBJE | Gerald Wood Architects LLC |
| SUBJE | Name of Limited Liability Company |
| The end | losed Articles of Organization and fee(s) are submitted for filing. |
| Please r | eturn all correspondence concerning this matter to the following: |
| | Gerald Wood |
| | Name of Person |
| | Gerald Wood Architects LLC |
| | Firm/Company |
| | 3224 Biscayne Boulevard #3F |
| | Address |
| | Miami, FL 33137 |
| | City/State and Zip Code |
| | jj@urbanrobot.net E-mail address: (to be used for future annual report notification) |
| For furth | er information concerning this matter, please call: |
| 7 OF TURE | Gerald Wood 1 305 - 766 - 0071 |
| | Name of Person Area Code Daytime Telephone Number |
| | , <u> 0. 0 - 1.1.4.</u> |
| Enclose | d is a check for the following amount: |
| \$125.00 | Filing Fee S130.00 Filing Fee & S153.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed) |

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
266! Executive Center Circle
Tallahassee, FL 3230!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Gerald Wood Archi | itects LLC | 11137. 6 | ut t C name t C n | |
|--|---|---|----------------------------------|-------------|
| (Must cor | itain the words "Limited | Liability Company, | "L.L.C., "Of "LLC.) | |
| ARTICLE II - Address: The mailing address and street | address of the principal | office of the Limited | Liability Company is: | |
| <u>Princi</u> | pal Office Address: | | Mailing Address: | |
| 3224 Biscayne Bou | 3224 Biscayne Boulevard #3F | | 4 Biscayne Boulevard #3F | |
| | | | mi, FL 33137 | |
| another business entity with an | nactive Florida registrates address of the register | ion.) ed agent are: | You must designate an individual | or |
| another business entity with an | n active Florida registrat t address of the register <u>Judah Mandel Esq</u> | n Registered Agent. ion.) ed agent are: Name | You must designate an individual | or |
| another business entity with an | n active Florida registrate taddress of the register and an angular bandel Esq. 7610 NE 4th Ct #10 | n Registered Agent. ion.) ed agent are: Name | You must designate an individual | or |
| (The Limited Liability Compar another business entity with an The name and the Florida stree | active Florida registrate address of the registers Judah Mandel Esq. 7610 NE 4:h Ct #10 Florida street address | on Registered Agent. ion.) ed agent are: Name O3 ess (P.O. Box NOT a | You must designate an individual | OF |
| another business entity with an | active Florida registrate address of the registers Judah Mandel Esq. 7610 NE 4:h Ct #10 Florida street address | n Registered Agent. ion.) ed agent are: Name | You must designate an individual | Or |

(CONTINUED)

FILED

18. MAY IL AN II: 0

SECRETARY OF STATE
TALLAHASSEE, FLORE

| Title: | Name and Address; |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | |
| AMBR | Gerald Wood |
| THEOLOGIC | 3224 Biscayne Boulevard #3F |
| | Miami, FL 33137 |
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| (Use attachment if necessary) | |
| | |
| effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet | t the applicable statutory filing requirements, this date will not be liste |
| effective date is listed, the date must be specifi te of filing.) | ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be liste |
| effective date is listed, the date must be specifice of filing.) If the date inserted in this block does not meet cument's effective date on the Department of SELE VI: Other provisions, if any. | To and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listen State's records. |
| effective date is listed, the date must be specificate of filing.) If the date inserted in this block does not meet becament's effective date on the Department of Securior o | To and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be liste State's records. |
| effective date is listed, the date must be specifice of filing.) If the date inserted in this block does not meet cument's effective date on the Department of SELE VI: Other provisions, if any. | The and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be lister State's records. |
| effective date is listed, the date must be specifice of filing.) If the date inserted in this block does not meet cument's effective date on the Department of SCLE VI: Other provisions, if any. REQUIRED SIGNATURE: | To and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be lister State's records. |
| effective date is listed, the date must be specifice of filing.) If the date inserted in this block does not meet cument's effective date on the Department of SELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false into the office of the content o | The and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be lister State's records. |
| effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of SCLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false into the original of the second of the company of t | The applicable statutory filing requirements, this date will not be listed State's records. Docusioned by Genald Wood Extractional Wood Extractional Representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State |

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)

8 MAY IL AH II : 02 ECRETARY OF STATE LLAHASSEE, FLORID

