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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

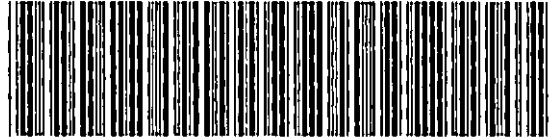
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/19--01016--010 **155.00

FILED
19 APR 16
SECTION 609
TALLAHASSEE, FLORIDA

N CULLIGAN
APR 3 2019

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Goss & Goss Insurance Agency LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John R. Goss

Name of Person

Goss & Goss Insurance Agency

Firm/Company

209 N.W. Chorale Way

Address

Port Saint Lucie, Florida 34986

City/State and Zip Code

jgoss@gossllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John R. Goss 865 385-5539

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Goss & Goss Insurance Agency Limited Liability Company

(Must contain 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:

Goss & Goss Insurance Agency LLC
209 NW Chorale Way
Port Saint Lucie, Florida 34986

Goss & Goss Insurance Agency LLC
1596 N. Renaud Road,
Grosse Pointe Woods, Michigan 48236

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:

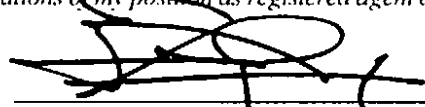
George Knox, Atty.
Name

856 S.W. Grand Reserve Blvd.
Florida street address (P.O. Box **NOT** acceptable)

Port Saint Lucie Florida 34986
City State Zip

FILED
19 APR 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR"

Name and Address:

John R. Goss
209 NW Chorale Way
Port Saint Lucie, Florida 34986

"MGR"

Minnie J. Goss
209 NW Chorale Way
Port Saint Lucie, Florida 34986

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19 APR 16
SALVADOR, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2 April 2019. (OPTIONAL)

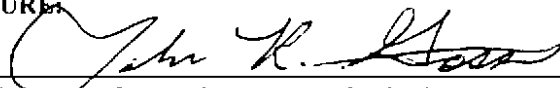
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

This is a Disable Veteran Limited Liability Company Licensed Insurance Agency

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 Statutes. 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.

John R. Goss

Typed or printed name of signee

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)