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Division of Corporations

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# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : JONES FOSTER P.A.  
Account Number : 076077003231  
Phone : (561)650-0471  
Fax Number : (561)650-5300

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: olivia@goch.com

### FLORIDA LIMITED LIABILITY CO. GOCHMAN VENTURES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2020 APR 15 AM 10:55

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2020 APR 15 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*4/16/2020*

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**ARTICLES OF ORGANIZATION  
OF  
GOCHMAN VENTURES, LLC**

A Florida Limited Liability Company

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

**ARTICLE I**

**Name**

The name of the Limited Liability Company is GOCHMAN VENTURES, LLC.

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Limited Liability Company is c/o Eisner Amper, Attn: Barry Gould, 1001 Brickell Bay Drive, Suite 1400, Miami, Florida 33131.

**ARTICLE III**

**Registered Agent and Registered Office**

The name and the Florida street address of the Registered Agent are:

Jones Foster Service, LLC  
505 South Flagler Drive  
Suite 1100  
West Palm Beach, FL 33401

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TALLAHASSEE, FLORIDA

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#### ARTICLE IV

##### Management

The Limited Liability Company is to be managed by a manager and is, therefore, a manager-managed company.

#### ARTICLE V

##### Manager

The name and address of the initial Manager of the Limited Liability Company is:

Olivia Redmond  
340 Royal Poinciana Way  
Suite 317-229  
Palm Beach, FL 33480


#### ARTICLE VI

##### Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

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.

Date: April 15, 2020

  
\_\_\_\_\_  
Larry B. Alexander, Jr., Authorized  
Representative

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That GOCHMAN VENTURES, LLC, desiring to organize under the laws of the State of Florida, has named Jones Foster Service, LLC, located at the Registered Office of the corporation at 505 South Flagler Drive, Suite 1100, West Palm Beach, FL 33401, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

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.

Jones Foster Service, LLC

By: 

Larry B. Alexander, Jr., Manager

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TALLAHASSEE, FLORIDA

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