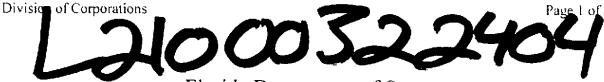
Page 1 of 2



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002698073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Gottheacc LLC

Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$125.00

Electronic Filing Menu Corporate Filing Menu

D O'KEEFE Help JUL 1 5 2021

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Gottheace LLC

(Must contain the words "Limited Liability Company, "L.I., 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:

 3802 NE 207th Street. Apartment 2802
 3802 NE 207th Street. Apartment 2802

 Aventura, FL 33180
 Aventura, FL 33180

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:

Matthew Rosenblatt

Niro

3802 NE 207th Street, Apartment 2802

Florida street address (P.O. Box NOT acceptable)

Aventura FL 3180

Cly State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company a the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in It's aspacity. 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 a gistered agent as provided for in Captr 605, ISS

Registered Agent's Signature (REQ) RED

(CONTINUED)

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\$ 5.00 Certificate of Status (Optional)

18886118813

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Matthew Rosenblatt	
	3802 NE 207th Street, Apartment 2802	
	Aventura, FL 3318	
	 -	
fective date is listed, the date must b	date of filing (OP e specific and cannot be more than five business day	TIONAL) sprior to or 90
LEV: Effective date, if other than the fective date is listed, the date must b of filing.) f the date inserted in this block does in	e specific and cannot be more than five business day not meet the applicable statutory filing requirements, the	s prior to or 90
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