

L05000098898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

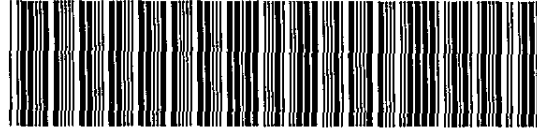
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Requestor's Name

Address

City State ZIP Phone

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CORPORATION(S) NAME

4 G's Consulting Group LLC



Empire Toll Free: 1-800-432-3028

- Profit
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

H G's Consulting Group LLC

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Article II - Address:

The mailing address and street address of the principle office of the Limited Liability Company are:

Principal Office Address:

Mailing Address:

17440 SW 93rd
Palmetto Bay FL 33157

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Christopher Griffin
Name

17440 SW 93rd
Florida street address (P.O. Box NOT acceptable)

Palmetto Bay FL 33157
City, State, and Zip

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 608, F.S..

Christopher Griffin
Registered Agent's Signature

ARTICLE IV - Management / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

<u>MGR</u>	<u>Kawannah Griffin</u> <u>17440 SW 93 PL</u> <u>Palmetto Bay, FL 33157</u>
<u>MGRM</u>	<u>Christopher Griffin</u> <u>17440 SW 93 PL</u> <u>Palmetto Bay, FL 33157</u>
<u>MGRM</u>	<u>Christopher Roman Griffin</u> <u>17440 SW 93 PL</u> <u>Palmetto Bay, FL 33157</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes,
the execution of this document constitutes an affirmation under
the penalties of perjury that the facts stated herein are true.)

Christopher Griffin

Typed or printed name of signee