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**EXAMINER** 

## **COVER LETTER**

**Registration Section Division of Corporations** SUBJECT: Urban Group and Associates, 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: **Andy Bermudez** Name of Person Urban Group and Associates, LLC. Firm/Company 511 SW 19 Street Address Ft. Lauderdale, FL 33315 City/State and Zip Code abermudez@urbaninvestorsrealty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andy Bermudez \246-0896 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** Registration Section

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration 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:	
Urban Group and Associates, LLC. (Must end with the words "Limited Liability	v Company "I.I.C." or "I.I.C.")
(Made one was all words Emilion Education)	, company, s.s.c., or size.
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6500 NW 12 Avenue	511 SW 19 Street
Suite 117	Ft. Lauderdale, FL 33315
Ft. Lauderdale, FL 33309	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
Andy Bermudez Name	A R
Name	9
511 SW 19 Street	五 是 元
Florida street addre	ess (P.O. Box NOT acceptable)
Ft. Lauderdale,	FL 33315 57
City, State	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	except service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	<u>.</u>
	<del></del>
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(Use attachment if necessary)	
	(OPTIONAL)
<b>FICLE V:</b> Effective date, if other that effective date is listed, the date in	an the date of filing: (OPTIONAL)  rust be specific and cannot be more than five business days pr
r 90 days after the date of filing.)	
<b>REQUIRED SIGNATURE:</b>	
1	
- All All All All All All All All All Al	ASS AR TO
1 V	nember or an authorized representative of a member
(In accordance)	with section 608.408(3), Florida Statutes, the execution
Or this document	t constitutes an affirmation under the penalties of periory atted herein are true.)
Or this document	ated herein are true.)

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)