

**L1300013727**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: *Ivy Rosenthal*  
Account Name : BROAD AND CASSEL-WPB  
Account Number : I19990000010  
Phone : (561) 832-3300  
Fax Number : (561) 655-1109

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

Email Address: *irosenthal@broadandcassel.com*

**FLORIDA LIMITED LIABILITY CO.**  
**Asgard Group, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

*Signed Consent  
For Use of  
Corporate Name  
attached*

J. SAULSBERRY  
EXAMINER  
AUG 13 2013

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TALLAHASSEE, FLORIDA

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**ASGARD GROUP, INC.**  
**1675 Palm Beach Lakes Blvd., Suite 710**  
**West Palm Beach, FL 33401**

**CONSENT FOR USE OF CORPORATE NAME**

The undersigned, BRADFORD S. LOVETTE, as President of Asgard Group, Inc., a Delaware corporation authorized to do business in the State of Florida (the "Corporation"), hereby consents to the use of the name "Asgard Group, LLC" in connection with the formation of a new Florida limited liability company.

By:   
Bradford S. Lovette, President

Date: August 7 2013

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ASGARD GROUP, LLC

(Must end with 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:**

1675 Palm Beach Lakes Blvd.  
Suite 710  
West Palm Beach, FL 33401

**Mailing Address:**

1675 Palm Beach Lakes Blvd.  
Suite 710  
West Palm Beach, FL 33401

**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:

Bradford S. Lovette  
Name

1675 Palm Beach Lakes Blvd., Suite 710  
Florida street address (P.O. Box **NOT** acceptable)  
West Palm Beach, FL 33401  
City, State, and Zip

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*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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Bradford S. Lovette  
1675 Palm Beach Lakes Blvd #710  
West Palm Beach, FL 33401

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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**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. 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.817.153, F.S.)

Bradford S. Lovette, Authorized Representative  
Typed or printed name of signee

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**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)

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