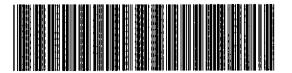
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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT:	Patton Re	esource Group, LLC	
	Name of Lin	nited Liability Company	
The enclosed Article	es of Organization and fee(s) ar	re submitted for filing.	
Please return all cor	respondence concerning this m	atter to the following:	
	9	Suzan Shaw	
		Name of Person	
	Patton R	esource Group, LLC	
		Firm/Company	
	2040 S	aint George Avenue	
		Address	- 2
	Winte	er Park, FL 32789	
		City/State and Zip Code	
		percent@cfl.rr.com	<u> </u>
 	E-mail address: (to be use	d for future annual report notification)	R
For further informat	ion concerning this matter, plea	ase call:	PM 12: 27
S	uzan Shaw	at (407) 929 - 5445	
Ne	ime of Person	Area Code & Daytime Telephone Num	ber
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified (additional copy is enclosed) Certified	Filing Fee, ate of Status & d Copy al copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Patton	esource Group, LLC
(Must end with the	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street	ress of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
2040 Saint George Avenue	2040 Saint George Avenue
Winter Park, FL 32789	Winter Park, FL 32789
(The Limited Liability Company cannot business entity with an active Florida re	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ation.)
(The Limited Liability Company cannot business entity with an active Florida re	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
(The Limited Liability Company cannot business entity with an active Florida re	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
(The Limited Liability Company cannot business entity with an active Florida re The name and the Florida stree	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
(The Limited Liability Company cannot business entity with an active Florida re The name and the Florida stree	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another action.) dress of the registered agent are: Suzan Shaw Name aint George Avenue
(The Limited Liability Company cannot business entity with an active Florida re The name and the Florida stree	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another action.) dress of the registered agent are: Suzan Shaw Name aint George Avenue

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.

See attacked

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Suzan Shaw
	2040 Saint George Avenue
	Winter Park, FL 32789
	
	100 m
	<u> </u>
	
(Use attachment if necessary)	27
LE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
ffective date is listed, the date must be s days after the date of filing.)	specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	2
An A	
Signature of a member	or an authorized representative of a member/ 1891 Steven
(In accordance with section 608.4)	08(3), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true.
constitutes an affirmation under the	tion submitted in a document to the Department of State

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)