

Richard Reeves

Requester's Name

966 Richardson Rd.

Address

Tallahassee, FL 32301 (850)671-3688

City/State/Zip

Phone #

L01000000524

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Southern Consulting Group L.L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☒ Certified

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

01 JAN 10 PM 4:12
RECEIVED
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

APPROVED
AND
FILED

01 JAN 10 PM 4:05
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DIVISION OF CORPORATION

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***155.00 ***155.00

Examiner's Initials VR

Articles of Organization for Florida Limited Liability Company

ARTICLE I - Name

The name of the Limited Liability Company is: Southern Consulting Group, L.L.C.

ARTICLE II - Address

The mailing address of the Limited Liability Company is:

P.O. Box 1842
Tallahassee, Florida 32302

The street address of the principal office of the Limited Liability Company is:

966 Richardson Road
Tallahassee, Florida 32301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's signature

The name and street address of the registered agent are:

Richard Reeves
966 Richardson Road
Tallahassee, Florida 32301

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.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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