

**L02090003339**

Florida Department of State  
Division of Corporations  
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02 FEB 11

To: Division of Corporations  
Fax Number : (850) 204-0464

AL

From: Account Name : PARCORP SERVICES, LTD.  
Account Number : 119990000011  
Phone : (877) 603-2033  
Fax Number : (770) 276-4039

**LIMITED LIABILITY COMPANY**

**CONCEPTS GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF  
CONCEPTS GROUP, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

**CONCEPTS GROUP, LLC**

ARTICLE II - Address:

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

**225 SOUTH SWOOPE AVENUE, STE. 205, MAITLAND, FL 32751**

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

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

**MIRTHA VALDES MARTIN**

Name

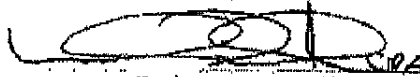
**1321 ARBOR VISTA LOOP, #125**

Florida street address (P.O. Box NOT ACCEPTABLE)

**LAKE MARY, FL 32746**

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 608 F.S.*



Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.



Signature of a member or 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.)

**DAVID L. SURINA**

Typed or Printed name of signer

Preparer Info:

Parcorp Services, Ltd. Maitland, FL  
9244275th Street Ste. #137817, Maitland, FL 32751 / P(800) 303-2533

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1 The name of the limited liability company is:

**CONCEPTS GROUP, LLC**

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

**MIRTHA VALDES MARTIN**

Name

**1321 ARBOR VISTA LOOP, #125**

Florida street address (P.O. Box NOT ACCEPTABLE)

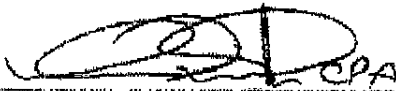
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Registered Agent **MIRTHA VALDES MARTIN**

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