

# L02000008021

TRANSMITTAL LETTER

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

800004566388--9  
-08/31/01--01075--006  
\*\*\*\*125.00 \*\*\*\*125.00

800004566388--9  
-08/31/01--01075--006  
\*\*\*\*125.00 \*\*\*\*125.00

SUBJECT: THE ANTIOCH GROUP, LLC

800004566388--9  
-08/31/01--01075--006  
\*\*\*\*125.00 \*\*\*\*125.00

Enclosed is an original and one(1) copy of the articles of organization for Florida Limited Liability Company and a check for:

☒ X

125.00

Filing Fee & Designation of Registered Agent

FROM: MICHAEL A. KNOX

Name (printed or typed)

6023 S. 2ND STREET

Address

TAMPA, FL 33611-4707

City, State & Zip

813-690-0522

Daytime Telephone number

02 APR -4 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

L02-8021  
GA 4/4



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 6, 2001

MICHAEL A. KNOX  
6023 S 2ND ST  
TAMPA, FL 33611-4707

SUBJECT: THE ANTIOCH GROUP, LLC  
Ref. Number: W01000020737

We have received your document for THE ANTIOCH GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Shawn Logan  
Document Specialist

Letter Number: 501A00050307

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR -4 PM 2:16

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ANTIOCH GROUP, LLC

## ARTICLE II - Address:

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

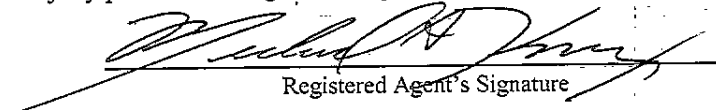
6023 S. 2nd Street  
Tampa, FL 33611-4707

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

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

Michael A. Knox  
Name  
6023 S. 2nd Street  
Florida street address (P.O. Box **NOT** acceptable)  
Tampa FL 33611-4707  
City, State, and Zip

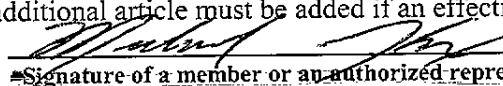
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 Chapter 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.

(An additional article must be added if an effective date is requested)

  
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.)

Michael Knox  
Typed or printed name of signer

## FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA