

FROM :

FAX NO. :

30 2001 12:14AM

LO2 0000 22022

Robert Fowler  
2150 Burley Avenue  
Clermont, FL 34711  
(352) 243-7450

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

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-03/26/02-01063-017  
\*\*\*\*130.00 \*\*\*\*130.00

Dear Sir or Madam:

Please file the enclosed Articles of Organization for the Fowler Management Group,  
L.L.C. Thank you.

Sincerely,

*Robert Fowler*

Robert Fowler

FILED  
02 AUG 06 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO2-22022  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

FOWLER MANAGEMENT GROUP, L.L.C.**ARTICLE II - Address:**

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

2150 BURLEY AVENUE, CLERMONT, FL 34711**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert Fowler

Name

2150 BURLEY AVE.Florida street address (P.O. Box **NOT** acceptable)CLERMONT FL 34711

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.*

Robert Fowler

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)

Robert Fowler

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.)

ROBERT FOWLER

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)

02 AUG 16 AM 10:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED