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LLC Submission

CONTACT INFO

SHARI HIRSCH
4916 WINWOOD WAY
ORL FL 32819

407-491-1116

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W02-32915



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

November 19, 2002

SHARI HIRSCH
THE HIRSCH GROUP, LLC
4916 WINWOOD WAY
ORLANDO, FL 32835

SUBJECT: THE HIRSCH GROUP, LLC
Ref. Number: W02000032915

We have received your document for THE HIRSCH 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):

Please provide the name of the company in Article 1, and the mailing address and street address in Article 2. Although the entity cannot be its own agent, a member of the company with a Florida street address can be the agent.,

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 902A00062456

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE HIRSCH GROUP, LLC

ARTICLE II - Address:

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

4916 WINWOOD WAY ORL, FL 32819

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

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

~~THE HIRSCH GROUP, LLC~~ Shari Hirsch
Name

4916 WINWOOD WAY
Florida street address (P.O. Box **NOT** acceptable)

ORL FL 32819
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.

Shari Hirsch

Registered Agent's Signature

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

Shari Hirsch

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.)

SHARI HIRSCH

Typed or printed name of signee

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)

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