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| Certified Copies | _ Certificates of | f Status |
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SECHETARY OF STANDA
ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

| TO: | Registration Section Division of Corporations | | | |
|---------|---|---------------|-----------|------------|
| SUBJE | CT: MIRAGE GROUP | - | | |
| | (Name of Limited Liability Company) | | | |
| The en | closed Articles of Organization and fee(s) are submitted for filing. | | | |
| | Please return all correspondence concerning this matter to the following: | | | |
| | Gres Hissins | | | |
| | (Name of Person) | | | |
| | MIRAGE GROWP | <u> </u> | _ | |
| | (Firm/Company) | TAL | | |
| | 24623 Nova Lane | LAH | # # | . Property |
| | (Address) | 75. | 2 | i j |
| | Port Charlotte, Fh 33980 (City/State and Zip Code) | SEE, | -9 A | |
| | (City/State and Zip Code) | FLO | 8 | \$ \$ £ |
| For fur | ther information concerning this matter, please call: | RICIA | AM 10: 53 | |
| (| ORCG HIGGIAS at (941) 255-38 33 (Name of Person) (Area Code & Daytime Telephone Numb | | i | |
| | (Name of reison) (Area Code & Daytime Telephone Numo | Cr.) | | |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|--|
| MIRAGE GROUP | , He |
| ARTICLE II - Address: The mailing address and street address of the princ | ipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 24623 Nova Lane | |
| 24623 Hora Lane, PortCharlotk FL 33980 | |
| | |
| ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis | |
| GREGOTY | HIGGIAS AHASSE |
| 24623 Nova Lo Florida street address (P.O. Bo | ox NOT acceptable) Society States Society St |
| Port Charlotte, City, State, and I | FLORIDA JOSTY |

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: |
|--|--|
| "MGR" = Manager "MGRM" = Managing Member | |
| WOKW - Wanaging Memoer | a d |
| | BREGOIL HIGGINS |
| | 24623 Nora Lanc Port Charlotk FL 33980 |
| | PDIT CHAINSTH, PL 339X0 |
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| (Use attachment if necessary) | |
| | IO: 53 |
| | 53 102 |
| NOTE: An additional article must be | added if an effective date is requested. |
| DECLUDED CICAL TUDE. | |
| REQUIRED SIGNATURE: | \mathcal{A}) |
| | La |
| Signature of a member or an au | thorized representative of a member. |
| (In accordance with section 608.4 | 108(3), Florida Statutes, the execution |
| of this document constitutes an at that the facts stated herein are tru | firmation under the penaltics of perjury e.) |
| _ | (|
| GREGORY Typed or prin | nted name of signce |

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)