

L040000006404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

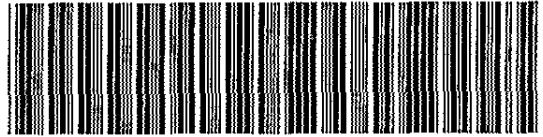
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04 JAN 23 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPT. OF STATE  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

*Handwritten signature*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 405698 4724294

AUTHORIZATION : *Patricia Pappas*

COST LIMIT : \$ 125.00

FILED  
04 JAN 23 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 22, 2004

ORDER TIME : 12:13 PM

ORDER NO. : 405698-005

CUSTOMER NO: 4724294

CUSTOMER: Kelly Alberson, Paralegal  
Wisler Pearlstine Talone  
Craig Garrity & Potash  
Suite 100  
484 Norristown Road  
Blue Bell, PA 19422

DOMESTIC FILING

NAME: FLYNN GROUP, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
JAN 23 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Flynn Group, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

28261 Linda Street

Little Torch Key, FL 33042

**Mailing Address:**

28261 Linda Street

Little Torch Key, FL 33042

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

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

Kevin Norris

Name

28261 Linda Street

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

Little Torch Key FLORIDA 33042

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, Florida Statutes..*

Kevin Norris

By: 

Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Kevin Norris

28261 Linda Street

Little Torch Key, FL 33042

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

By: Kevin Norris

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)