## L04000018356

| (Requestor's Name)                      |   |
|---|---|
| (Address)                               | _ |
| ( .azee)                                |   |
| (Address)                               | _ |
|   |   |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  | _ |
| (Document Number)                       |   |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: |   |
|   |   |
|   |   |
|   |   |
| Name<br>Availability                    |   |
| Document DCC Examiner Office Use Only   |   |
| Office Use Only  Updater DCC            |   |
|   |   |
| Verifyer DCC  Acknowledgement DCC       |   |
| 2. Verifyer DCC                         |   |



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02/26/04-01055-021 \*\*160.00

## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: Longwood In-estment Group Lic  (Name of Limited Liability Company)                 |   |
| The enclosed Articles of Organization and fee(s) are submitted for filing.                  |   |
| Please return all correspondence concerning this matter to the following:                   |   |
| Paul Mc (onnon (Name of Person)   |   |
| (Name of Person)  | ·   |
| (Firm/Company)  |   |
| 870 E. Serinale Ave   | <del></del>                                 |
| City/State and Zip Code)  | 3 NO  |
| For further information concerning this matter, please call:                                | FIL<br>SECRETARY<br>ISIN NT O               |
| Parl Mc Connon at (407) 435 - 6743  (Name of Person) (Area Code & Daytime Telephone Number) |   |
|   | 8 2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |

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:  |  |
|--|--|
| the name of the Linned Liability Company is.   |  |
| Longwood Investment Group  | LLC  |
| ARTICLE II - Address: The mailing address and street address of the principal of   | office of the Limited Liability Company is:            |
| Principal Office Address:  | Mailing Address:                                       |
| 870 E. Seminale Ave  | 870 E. Seninale Ave.                                   |
| Long wood, \$1.32750   | Longwood, f1.32750                                     |
|  |  |
| ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered  Paul McConnon Name |  |
| Florida street address (P.O. Box NC  | OT acceptable)   |
| City, State, and Zip   | ORIDA 32つて 2 日本 15 15 15 15 15 15 15 15 15 15 15 15 15 |
|  | C 7 7 770 4. 771 7.171.                                |

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)

| <u>Title:</u> "MGR" = Manager                               | Name and Address:  |             |
|---|--|-------------|
| "MGRM" = Managing Member  MGR                               | Paul McConnen<br>870 E. Serinale Ave.<br>Languaged, Fr. 32750  | <del></del> |
| MGR   | Rosie McConnon<br>820 E. Servinale Ave<br>Longmord fl. 32750   | <br>        |
|   |  |             |
| (Use attachment if necessary)                               |  | <del></del> |
| NOTE: An additional article must b                          | e added if an effective date is requested.   | 04 FEB 26   |
| Signature of a member or an (In accordance with section 60) | authorized representative of a member.  8.408(3), Florida Statutes, the execution affirmation under the penaltics of perjury | M 8: 21     |

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

that the facts stated herein are true.)

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

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)

McConnon
Typed or printed name of signee