

L040000040291

2004 MAY 21 P 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

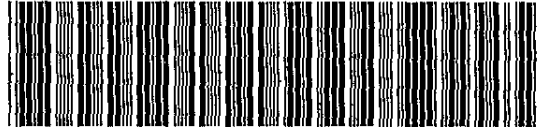
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300036467233

05/21/04--01040--025 **155.00

AL1

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Hatteras Group, LLC
(Name of Limited Liability Company)

FILED
2004 MAY 21 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gina Weller
(Name of Person)

Weller Consulting USCC
(Firm/Company)

1175 Jennifer Oaks DR
(Address)

Alpharetta GA 30004
(City/State and Zip Code)

For further information concerning this matter, please call:

Gina Weller at (877) 793-0731
(Name of Person) (Area Code & Daytime Telephone Number)

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**

FILED

2004 MAY 21 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Hatteras Group LLC

ARTICLE II - Address:

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

Principal Office Address:

2500 Abbey Court
Alpharetta GA 30004

Mailing Address:

PO Box 676
Alpharetta GA 30009

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

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

Gina Weller
Name

108 Mara-Lago Blvd
Florida street address (P.O. Box **NOT** acceptable)

Santa Rosa Beach FLORIDA 32459
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..

Gina Weller
Registered Agent's Signature

FILED

2004 MAY 21 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

James Weller
108 MAR A LAGO BLVD
Santa Rosa Bch, FL 32459

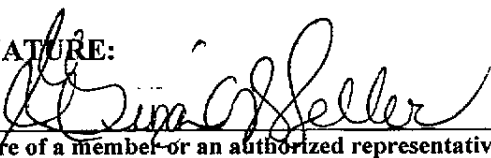
MGR

Gina Weller
108 MAR A LAGO BLVD
Santa Rosa Bch, FL 32459

(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.)

Gina Weller

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)