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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Malauso Syndicate, LLC. (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:
Alphonso Craig
SUBJECT: Malauso Syndicate, LLC.  (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:  Alphonso Craig  (Name of Person)  Malauso Syndicate, LLC  (Firm/Company)
3110 Brookridge Dr.
(Address)
Tallahassee, Florida 32305
(City/State and Zip Code)
For further information concerning this matter, please call:
Alphonso Craig at (850 ) 251-5384 (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



ARTICLE I - Name:

The name of the Limited Liability Company is:

Malauso Syndicate Investment Group, LLC.

#### **ARTICLE II- Address:**

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

#### Principal Office Address:

#### Mailing Address:

3110 Brookridge Dr. Tallahassee, FL 32310

3110 Brookridge Dr. Tallahassee, FL 32310

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Alphonso Craig 3110 Brookridge Dr. Tallahassee, FL 32310

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 in Chapter 608, Florida Statutes.

Registered Agent's Signature

## Article IV: Managing Members:

MGRM Alphonso Craig

3110 Brookridge Dr.

Tallahassee, FL

MGRM Johnny Craig

6035 Valley Green Rd Lithonia, GA 30058

MGRM Brian Hubbard

3155 Panthers Trace Decatur, GA. 30034

MGRM Daryl T. Joseph

3863 Summer Grove Way North

Jacksonville, FL 32257

MGRM Lamont Foy

8231 Princeton Square Blvd.

Apt. #401

Jacksonville, FL 32256

MGRM Terrance L. Boatman

8925 Ivey Rd.

Jacksonville, FL 32216

**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.)

Alphonso Craig

Typed or Printed Name of Signee

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