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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

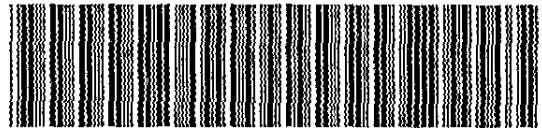
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04 AUG -2 01:10:59  
SPECIAL INSTRUCTIONS

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** G2 Management Group, 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:

Martin T. Kandy

(Name of Person)

G2 Management Group, LLC

(Firm/Company)

1802 N. University Drive, Suite 102-203

(Address)

Plantation, Florida 33322-4115

(City/State and Zip Code)

For further information concerning this matter, please call:

Martin T. Kandy

(Name of Person)

at ( 954 ) 205-8661

(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

04 AUG -2 AM 10:59  
F.L.D.  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

G2 Management Group, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1802 N. University Drive

Suite 102-203

Plantation, FL 33322-4115

**Mailing Address:**

1802 N. University Drive

Suite 102-203

Plantation, FL 33322-4115

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

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

Martin T. Kandy

Name

1802 N. University Drive, Suite 102-203

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

Plantation

FLORIDA

33322-4115

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..*

  
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

Martin T. Kandy

70 Catcay Court

Dania Beach, FL 33004

MGRM

Santiago Jim Fernandez

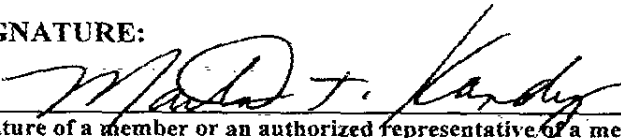
2825 NW 91 Avenue, #102

Coral Springs, FL 33065

(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.)

Martin T. Kandy

Typed or printed name of signer

04 AUG -2 AM 11:00  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**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)