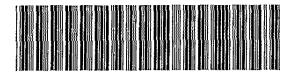
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress) ,	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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CARDA -4 TH 2: 44

TRANSMITTAL LETTER

Division of Con				
SUBJECT: Avante M	farketing Group, LLC			
		Liability Company)		
The enclosed Articles of	f Organization and fee(s) are se	abmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Joli Rum	rill			
	(1)	iame of Person)	·	
Avante Marketing G	roup, ŁLC			
		Firm/Company)		
22024 la dia	n Woods Dr.			
35024 maia	n woods Dr.	(Address)	·	
Leest	burg, FL 34788 (City/	State and Zip Code)	<u> </u>	
For further information	concerning this matter, please o	-ail-		
	-			
Joli Rumrill		at (352) 365-9694	5 1 1 1 1	
(Name	of Person)	(Area Code & Daytime Te	,	a
Enclosed is a check fo	or the following amount:			04 NO3 -1
□ \$125.00 Filing Fee		□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	+ 10 m
	ET ADDRESS:	MAILING A		- L
	ration Section	Registration Section		Ų,
	on of Corporations . Gaines Street	Division of Corporations P.O. Box 6327		
Tailah	assee, Florida 32399	Tallahassec, F		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	<i>i</i> s:
Avante Marketing Group, LLC	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
33024 Indian Woods Dr.	33024 Indian Woods Dr.
Leesburg, FL 34788	Leesburg, FL 34788
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:
The name and the Florida street address of t	he registered agent are:
Jali Rumrill	
Na	ame
33024 Indian Woods Dr.	
Florida stree	t address (P.O. Box <u>NOT</u> acceptable)
Leesburg, FL 34788	FL
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Joli Rumrill
	33024 Indian Woods Dr.
= * *	Leesburg, FL 34788
· · · · · · · · · · · · · · · · · · ·	
	
and the second s	
	- A Alexander
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(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
)	_
12.01)
Signature of a mou	nber or an authorized representative of a member.
of this document co	n section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.)
Joli A. Rumrill	
	Typed or printed name of signce
Filing Fees:	
\$125.00 Filing Fee for Articles of O	rganization and Designation
of Registered Agent	
\$ 30.00 Certified Copy (Optional)	· .e
\$ 5.00 Certificate of Status (Option	onal)