L05 0000 16944

| (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: |
| |
| |
| 2/18 |
| Office Use Only |



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ALLAHASSEE, FLORIDS

TRANSMITTAL LETTER

409 E. Gaines Street Tallahassee, Florida 32399

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: The Service Group and Associates, LLC (Name of Limited Hiability Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
| Glenn E. Sandifee, II (Name of Person) |
| The Sepurce Group and Associates, LLC (Firm/Company) |
| MON Mongoe Street, Solte #JI (Address) According to the second |
| Tallahassee, FL 32303 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Glenn Sandifee, II at 317 443-4030 5 5 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street 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 Service Group and Associates, LihiC.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

The Sewice Group + Associats - PMB#338 1700 No. Monroe St. Suite # 71 Tallahassee, FL 32303

PMB#338 1700 D. Noncoe St. Soile#17 Tallahussee, FL 30303

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

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

Glenn E. Sandifer

320 E. Pershing St Florida street address (P.O. Box <u>NOT</u> acceptable)

Tallahassee FL 82301
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 its 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, F.S.

Megistered Agent's Signature

(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> "MGR" = Manager "MGRM" = Managing Men | Name and Address: |
|---|---|
| MGR | Glenn E. Sandifer, II. 320 E. Pershing St Tallahassee FL 32301 |
| MGRM | Paran Sessoms 1758 Berchwood Carle North Tallahasser, Fl 32301 32301 |
| MGRM | Guintan Nezely 2387 Tina Deive Tallahosse, FL 32301 |
| | |
| (Use attachment if necessar | у) |
| NOTE: An additional art | icle must be added if an effective date is requested. |
| REQUIRED SIGNATURE | E: Acceptance of the control of the |
| · · | e of a member or an authorized representative of a member. |
| of this do | dance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury acts stated herein are true.) |
| G | lenn E Sandifer, II St 6 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)