

LOS 00003 59 34

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

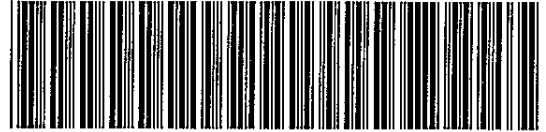
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oviedo Investment 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:

Paul McCannan
(Name of Person)

(Firm/Company)

2412 Turnberry Dr.
(Address)

Oviedo, Fl. 32765
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul McCannan at (407) 435-6743
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is

Oviedo 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

2412 Turnberry Dr.
Oviedo, Fl. 32765

same

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

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

Paul McConnon
Name

2412 Turnberry Dr.
Florida street address (P.O. Box NOT acceptable)

Oviedo FL 32765
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, F.S.

[Signature]
Registered Agent's Signature

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STATE OF FLORIDA

(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>	<u>Name and Address</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Paul McCannon</u> <u>2412 Turnberry Dr.</u> <u>Oviedo, Fl. 32765</u>
<u>MGR</u>	<u>Rosie McCannon</u> <u>2412 Turnberry Dr</u> <u>Oviedo, FL 32765</u>

(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.)

Paul McCannon

Typed or printed name of signer

- Filing Fees
- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)

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