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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	#)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	~ c/
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TRANSMITTAL LETTER

TO: Registration S Division of Co			OS MINT S AN INTERPRETATION
SUBJECT: Southern	n Strategy Group of Orlando		
	(Name of Limite	d Liability Company)	光 琴
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	ORITE
Please return all corres	pondence concerning this matte	er to the following:	9
		dria Cavany	
	(I	Name of Person)	
	Southe	ern Strategy Group	
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	
	P.	O. Box 10570	
		(Address)	
		hassee, FL 32302	
	(City)	State and Zip Code)	
For further information	concerning this matter, please	call:	
	a Cavany	at (850) 671-4401	
(Name	e of Person)	(Area Code & Daytime T	Telephone Number)
Enclosed is a check for	or the following amount:		
☐ \$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)
STRI	EET ADDRESS:	MAILING A	ADDRESS:
	tration Section	Registration 5	
	ion of Corporations	Division of C	
	. Gaines Street nassee, Florida 32399	P.O. Box 632	77 Florida 32314
* #11#1		ranunussee, i	1 101144 JAJ 1 T

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Southern Strategy Group of Orlando, LLC	7.5
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
222 Emory St Oxlando, Fl. 32804	222 Emory St. Orlando, Ft 32804
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	red Office, & Registered Agent's Signature: ne registered agent are:
Kelly C	Cohen .
Na	me
2.22 E Florida street	address (P.O. Box NOT acceptable)
Orland City, Sta	to, FL 32804 te, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	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 a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

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 Member	Name and Address:
MGR	Kelly Cohen 222 Entory St.
	Orlando, FL 32804
MGR	Southern Strategy Group, Inc.
	P.O. Box 10570 Tallahassee, FL 32302
	141141113500, 12 02002
	
	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
(In accordance with section of this document constitute that the facts stated herei	an authorized representative of a member. 1608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.) Kelly Cohen or printed name of signee
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)