## L0500067070

	SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE STALL AHASSEE. FLORIDA
(Requestor's Nam	e) This Affin
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## TRANSMITTAL LETTER

TRANSMITTAL LETTER  TO: Registration Section	FILED
Division of Corporations  SUBJECT: ACCEL GROUP C. L. C.  (Name of Limited Liability Company)	2005 JUL -1 P 4: 01  SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles of Organization and fee(s) are submitted for filing.	COMINA
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
(Firm/Company)  Z 961 LISSA CA.  (Address)	
(Address)  WINTER PARK 72 327  (City/State and Zip Code)	789
For further information concerning this matter, please call:  CORNELINS GARY at (407) 647-11  (Name of Person) at (Area Code & Daytime Telephone N	145
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	60.00 Filing Fee, icate of Status & fied Copy onal copy is enclosed)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  MAILING ADDRESS  Registration Section  Division of Corporation  Pivision of Corporation  P.O. Box 6327	•

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY $_{0\, \downarrow}$

	0000 002 1 1 4-04	
<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ACCEL GROW'S	> L.L.C,	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
UNITE PARK 76.	2961 LOLISSIA CA. WINTER PARK FL	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the re	gistered agent are:	
Crenseins	Chall	
Name	CARY	
2961 Louis	SA CA.	
Florida street address (P.O. Box NOT acceptable)		
2961 LOUISSA CA.  Florida street address (P.O. Box NOT acceptable)  Winter Park FL 32789  City, State, and Zip		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	
Registered Agent's Signature		

(CONTINUED)

•				
ARTICLE IV- Manager(s) or Manag				
The name and address of each Manage	r or Managing Member is as	follows:		
Tida	Name and Address:	FILED		
<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member		2005 JUL -   P 4: OL		
_	A			
m G R	CORNELIUS	CAREGRETARY OF STATE		
	WINTER PARK	Je 32789		
_	DOIN ICK TIONS			
mcR	JOHN KALI	NOWSKI, ELA. AR 72712		
	GIT LEISUR	E LA.		
	BENTONVILLE	HR 72712		
		<del></del>		
(Use attachment if necessary)				
(Coo atmentione it necessary)				
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE:				
$\mathcal{O}$				
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 constitu	utes an affirmation under the penal	lties of perjury		
that the facts stated he	$\sim$			
COXNE	ed or printed name of signer			
Турк	ed of primed hame of signer			
Filing Fees:				
\$125.00 Filing Fac for Autician of August	ization and Designation			
\$125.00 Filing Fee for Articles of Organi of Registered Agent	канон яно меявиянов			
\$ 30.00 Certified Copy (Optional)				
\$ 5.00 Certificate of Status (Optional)				