

L050000 8/066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

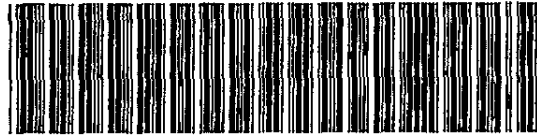
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. WELLINGTON BARLOW, ESQUIRE, P.A.**

Attorney & Counselor at Law  
P.O. Box 26098  
Jacksonville, Florida 32226-6098  
www.awellingtonbarlowesq.com

A. Wellington Barlow, Esq.  
Licensed in Florida & Georgia

Telephone: 904.757.2425  
Facsimile: 904.757.2422

August 12, 2005

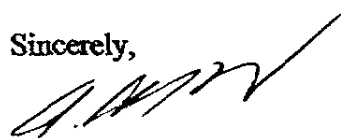
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: The Advantage Group Real-Estate Investments, LLC

To Whom It May Concern:

I have enclosed Articles of Organization for The Advantage Group Real-Estate Investments, LLC. Accordingly, please forward all correspondence to me at the letterhead address. I can be reached at the letter-head telephone number if you have any questions about the contents of this correspondence.

Sincerely,



A. Wellington Barlow, Esquire

Enclosures: 1) Articles  
2) Check #7909

cc. Daniel Pitts

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**Article I-Name:**

THE ADVANTAGE GROUP REAL-ESTATE INVESTMENTS, LLC

**Article II- Address:**

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

**Principal Office Address:** **Mailing Address:**

11250 Old St. Augustine Rd. Same as Principal Office  
Suite 15 Room 306  
Jacksonville, FL 32257

**Article III- Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Daniel M. Pitts

Name

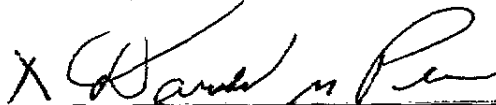
11250 Old St. Augustine Rd Suite 15 Room 306

Florida Street Address(P.O. Box Not acceptable)

Jacksonville, FL 32257

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 designed 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 provision 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..*

X 

Registered Agent's Signature

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TALLAHASSEE FLORIDA

**Article IV-Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR"= Manager

"MGRM"= Managing Member

**Name and Address:**

MGR

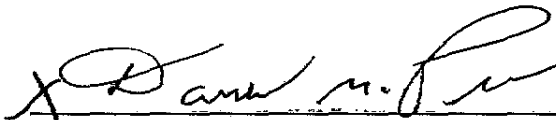
Daniel M. Pitts

11250 Old St. Augustine Rd.

Suite 15 Room 306

Jacksonville, FL 32257

**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 state herein are true.)

Daniel M. Pitts

Typed or printed name of signee

SECRET  
OFFICE OF THE  
ATTORNEY GENERAL  
FLORIDA

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