

Now 03:05 08:45

Paracorp Services, Ltd.

800-398-0461

p. 1

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : PARACORP SERVICES, LTD.
Account Number : 119990000011
Phone : (800) 603-2533
Fax Number : (800) 398-0461

800-398-0461 fax

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ADVANCED EQUITY GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ADVANCED EQUITY GROUP, LLC**ARTICLE II - Address:**

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

Principal Office Address:146 TARRY TOWN TRAIL
LONGWOOD, FL 32750**Mailing Address:**146 TARRY TOWN TRAIL
LONGWOOD, FL 32750**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

SANDRA D. ROBERSON

Name

146 TARRY TOWN TRAILFlorida street address (P.O. Box **NOT** acceptable)LONGWOOD, FL 32750

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.



Registered Agent's Signature

(CONTINUED)

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ALABAMA

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ARTICLE IV- Manager(s) or Managing Member(s):

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

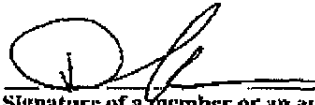
Title:

"MGR" - Manager

"MGRM" - Managing Member

Name and Address:MGRSANDRA D. ROBERSON146 TARRY TOWN TRAILLONGWOOD, FL 32750

(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.)

DAVID L. SURINA, ORGANIZER

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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