Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000288956 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0383

Account Name : HUBCO

Account Number : 104662003400 : (516)935~3940

Fax Number : (516)935~3088

LIMITED LIABILITY COMPANY

The Turning Point Group LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Rublic Access Help.

H05000288956

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
The name of the Limited Liability Company is: The Turning Point Group LLC

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

ARTICLE II - Address

Principal Office Address:	Mailing Address:
1050 NW 25th Avenue	1050 NW 25th Avenue
Fort Lauderdale, FL 33311	Fort Landerdale, FL 33311

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

-6	· · · -o-··· · · ·
Adri	an Greaves
	Name
1050	NW 25th Avenue
	(P.O. Box or Mail Drop Box NOT Acceptable)
Fort	Lauderdale, FL 33311
	(City / State / 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 - Adrian Greaves

Registered Agent's Signature - Adrian Greaves

Registered Agent's Signature - Adrian Greaves

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

REQUIRED SIGNATURE:

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	Terry Brewer- 5526 NW 77th Terrace, Coral Springs, FL 33060
MGRM	Clyde Gant- 6800 Landings Drive, Apt. 203, Lauderhill, FL 33319
MGRM	Penelope Grant- 2770 NW 9th Street, Fort Lauderdale, FL 33311
MGRM	Adrian Greaves- 1050 NW 25th Avenue, Fort Lauderdale, FL 33311
MGRM	Shelby Herring- 1050 NW 25th Avenue, Fort Lauderdale, FL 33311
MGRM	Will Watkins-8810 NW 77th Court, Lauderhill, FL 33321
(Use attachment if necessary)	

Signature of a member or 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.)

Terry Brewer Typed or printed name of signee