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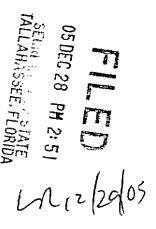
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE REDDICK GROUP, LLC. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DARRYL W. HALL (Name of Person)
THE REDDICK GROUP, LLC. (Firm/Company)
5306 CLEWIS AVE.
TAMPA, FL 33610 (City/State and Zip Code)
For further information concerning this matter, please call:
DARLYL HAV at (813) 477 - 3231 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\Begin{array}{c} \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Ciffon Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE (Must end with the words "I	REDDI Limited Liability (ation "LLC," or "L.	C.,")	
ARTICLE II - Add: The mailing address:		ress of the p	rincipal of	ice of the Li	imited Liability	Company is:	
Principal Office Ad		r	-	Address:		--	
5306 CLG	NS AU - 33617			DE CLE MPA, F	SWIS AU L 33611	<u>e</u>	
ARTICLE III - Reg (The Limited Liability Combusiness entity with an action The name and the Flo	pany cannot serve ve Florida registra	as its own Registion.)	stered Agent, Y	ou must designa			
			_	_		THE P	
_	<u> </u>	YL W.				52 52	
	5306	CLEWIS	AUE			P	
	F	lorida street ad	dress (P.O. E	ox NOT accep	ptable)		
	Tamp	City, State,	FL	33617	O		
		City, State,	and Zip				
Having been named liability company	as registered	agent and to	accept serv				

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 (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	DARRYL W. HALL 5306 CCEWIS AVE. TAMPA, FZ 33610
(Use attachment if necessary) LE V: Effective date, if other than	the date of filing: (OPTIONAL)
ffective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more than five business days p
4 ,	
REQUIRED SIGNATURE:	The second secon
REQUIRED SIGNATURE: Signature of a mei (In accordance with of this document of that the facts stat	in section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)