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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
39 FILC		
EFFECTIVE DATE 2-6-06		



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M. HODGES

COVER LETTER

TO:

Registration Section

Division of Corp	oorations		
SURJECT: The Ea	ddy Group, LLC		
Scholer.	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.	
Please return all correspo	ndence concerning this matter	r to the following:	
Michael 9	Allican Faddy		
IVIICITAET O	Allison Eaddy	Name of Person)	****
	ér.	vanie of reison)	
The Eaddy	y Group, LLC		
	(1	Firm/Company)	
1873 Eag	le Trace Blvd		
		(Address)	
Palm Har	bor, FL 34685		
		State and Zip Code)	
For further information co	oncerning this matter, please	call:	
		721 771-9 at 803 556-88	347
Michael & Allison Eaddy		<u></u>	
(Name o	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tailahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
The Eaddy Group, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
1873 Eagle Trace Blvd Palm Harbor, FL 34695 Palm Harbor, PL 34685				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
Registered Corporate Agents, FNC,				
612 S Martin Luther King Jr Ave Florida street address (P.O. Box NOT acceptable)				
Clearwater, FL 33756 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 (REQUIRED) Resistered Agent's Signature (REQUIRED)				
(CONTINUED) Page 1 of 2 (CONTINUED)				

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

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	Michael Eaddy 1873 Eagle Trace Blvd Palm Harbor, FL 34685
MGR	Allison Eaddy 1873 Eagle Trace Blvd Palm Harbor, FL 34685
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sto or 90 days after the date of filing.)	ate of filing: <u>2-00-2006</u> . (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member-	addy or an authorized representative of a member.
(In accordance with section	on 608.408(3), Florida Statutes, the execution ttes an affirmation under the penalties of perjury

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)