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(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Name)	<u> </u>
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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	Office Use Only	7100



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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Ruse 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:	
Susan Russe (Name of Person)	
The Russell Group LLC	
(Firm/Company)	
15425 Lake Magdalene Blvd	
(Address)  (Address)  (City/State and Zip Code)	المنهد أحديث
(City/State and Zip Code)	-
For further information concerning this matter, please call:  Superalle Supe	1
Name of Person) at (813) 267-738-5 (Area Code & Daytime Telephone Number)	n
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or	"L.C.," <b>)</b>	
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liab	ility Company is:	
Principal Office Address: Mailing Address:	್ತ	
8926 N. Armenia Ave. 15425 Lake Mag Tampon Fl 33604 Tampo FL	dalane Blod,	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individu business entity with an active Florida registration.)	Signature:	
The name and the Florida street address of the registered agent are:		
Susan Rusgell		
Name	0	
15425 Lake Magdalene Blv.	l-	
Florida street address (P.O. Box NOT acceptable)		
Y 37 h 13		
City State, and Zip		
City Diese, min Cip		

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)

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MOR	David Russell 15425 Lake Magdalene Blud Tampa FL 336130	
MGR	Susan Russell 15425 Lake Magdalene Blvd, Tampo, FL 336 13	
	08 HIRR -	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date  (If an effective date is listed, the date must be so	e of filing: <u>2-29-D6</u> . (OPTIONAL)	
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
	be all	
Signature of a member or	an authorized representative of a member.	
of this document constitutes that the facts stated herein	Russell	
Typed o	or pfinted name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)