

L07000028730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

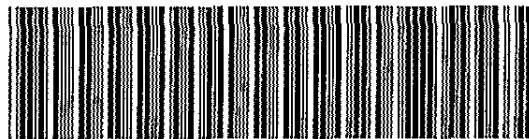
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500092604025

03/15/07--01040--001 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR 15 PM 12:48

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMMONWEALTH 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:

KEVIN J. MULLEN  
(Name of Person)

COMMONWEALTH GROUP LLC  
(Firm/Company)

3909 N. OCEAN BLVD SUITE 402  
(Address)

FORT LAUDERDALE, FL 33308  
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN J. MULLEN at 954 290-8974  
(Name of Person) (Area Code & Daytime Telephone Number)

07 MAR 15 PM 12:48

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 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:

COMMONWEALTH 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:

3909 N. OCEAN BLVD  
SUITE 402  
FORT LAUDERDALE, FL 33308

### Mailing Address:

3909 N. OCEAN BLVD  
SUITE 402  
FORT LAUDERDALE, FL 33308

## 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:

KEVIN J. MULLEN  
Name  
3909 N. OCEAN BLVD SUITE 402  
Florida street address (P.O. Box **NOT** acceptable)  
FORT LAUDERDALE FL 33308  
City, State, and Zip

07 MAR 15 PM 12:48

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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..*

Kevin J. Mullen  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

MGRM

MGRM

**Name and Address:**

KEVIN T. MULLEN

3909 N. OCEAN BLVD SUITE 402  
FORT LAUDERDALE, FL 33308

ANN L. MULLEN

3909 N. OCEAN BLVD SUITE 402  
FORT LAUDERDALE, FL 33308

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

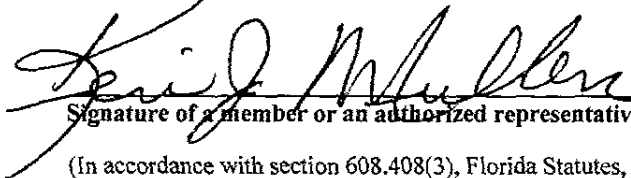
(Use attachment if necessary)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR 15 PM 12:48

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

  
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.)

KEVIN T. MULLEN

Typed or printed name of signee

**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)