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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
ANT LAHASSEE, FLORIDA

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COVER LETTER

Registration Section

TO:

| Division of Co | rporations | | | | |
|---------------------------|---|---|---|--|---------|
| SURJECT. GoldW | orth Search Group LL | .C | | | |
| | (Name of Limite | | pany) | | |
| The enclosed Articles o | f Organization and fee(s) are s | ubmitted for filin | ng. | | |
| Please return all corresp | ondence concerning this matte | er to the followin | g: | | |
| Kelly Worth | nen | | | | |
| | (| Name of Person) | <u> </u> | | |
| GoldWorth | Search Group LLC | | | | |
| | - | (Firm/Company) | | | |
| 11749 Pet | hrick Dr. | | | | |
| | | (Address) | | | |
| Orlando, F | 1 32824 | | | | |
| | (City | /State and Zip Cod | le) | | |
| For further information | concerning this matter, please | call: | | | |
| Kelly Worthen | | at (407 | 252-897 | 2007 SET | |
| | of Person) | Area Co | | elephone Number) | restant |
| Enclosed is a check for | or the following amount: | | | m ² o | 1 |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 F Certified Cop (additional copy | ру | \$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 | Registrat Division Clifton I 2661 Ex | Courier Addression Section of Corporation Building recutive Center Sec. Fl. 32301 | ons r Circle | |

4 - 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| *************************************** | earch Group LLC words "Limited Liability Comp | pany, "Limited Company" or their abbreviation "LLC, | ," or "L.C.,") |
|---|---|---|---|
| ARTICLE II | | 0.4 . 4 . 4 | |
| The mailing a | ddress and street address | s of the principal office of the Limited Li | ability Company is: |
| Principal Off | ice Address: | Mailing Address: | |
| 11749 Pethrick D | Or. | 11749 Pethrick Dr. | |
| Orlando, Fl 3282 | 4 | Orlando, Fl 32824 | |
| | | | · |
| | the Florida street address Kelly Worthen | ss of the registered agent are: | ZOOTHAY 16 TALLAHASS |
| | | Name | |
| | 11749 Pethrick Dr | . . | Tros |
| | Floric | la street address (P.O. Box <u>NOT</u> acceptable) | FLCAN |
| | Orlando | FL 32824 | Su a |
| | C | City, State, and Zip | |
| liability co registered ago | ompany at the place desig ent and agree to act in th | nt and to accept service of process for the mated in this certificate, I hereby accept th is capacity. I further agree to comply with emplete performance of my duties, and I an | he appointment as In the provisions of all |

(CONTINUED) Page 1 of 2

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 | Name and Address: | | | |
|--|---|----------|-------------|-----|
| MGRM | Kelly Worthen 11749 Pethrick Dr. | | | |
| | Orlando, Fl 32824 | | | |
| MGRM | David Goldman | | | |
| | 1544 Lawson Palm Ct. | | | |
| | Apopka, Fl 32712 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | e date of filing: (| | | |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of | er or an authorized representative of a member. | | | rio |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: (In accordance with se of this document const that the facts stated in Kell - Wood | er or an authorized representative of a member. action 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) | | | ria |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: (In accordance with se of this document const that the facts stated in Kell - Wood | er or an authorized representative of a member. action 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) | siness (| 2007 HAY 16 | rio |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document const that the facts stated in the facts stated i | er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) | siness (| days pr | ric |