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# **COVER LETTER**

TO: Registration Division of C		
SUBJECT: Relev	ant Consulting Gro	oup, LLC
<del> </del>	(Name of Limi	ted Liability Company)
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corres	spondence concerning this ma	tter to the following:
James P.	Boswell, III	
		(Name of Person)
Relevant	Consulting Group	
		(Firm/Company)
5008 Hig	hway 98 West	(Address)  (Address)  ty/State and Zip Code)
<del>-</del> .		(Address)
Santa Ro	sa Beach, FL 324	59 第 章
<del>-   </del>	(Ci	ty/State and Zip Code)
For further information	n concerning this matter, pleas	ee call:
James P. Bos	well, III	at ( 850 ) 622-1212
(Nam	ne of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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	A	R	П	$\square$	Æ	Į.	- N	ama	2
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The name of the Limited Liability Company is:

## Relevant Consulting Group, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	의 문
Relevant Consulting Group, LLC	Relevant Consulting Group, LLC	强气 晋
5008 Highway 98 West	PO Box 1670	一部は一世
Santa Rosa Beach, FL 32459	Santa Rosa Beach, FL 32459	强之 星
	stered Office, & Registered Agent's Signature n Registered Agent. You must designate an individual or another	

The name and the Florida street address of the registered agent are:

James P. Boswell, III

5008 Highway 98 West

Florida street address (P.O. Box NOT acceptable)

Santa Rosa Beach, Fl<sub>Fl</sub>32459

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.

egistered Agent's Signature (REQUIRED)

(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:

MGRM	Room Makers II, Inc.	
	5008 Highway 98 West	
	Santa Rosa Beach, FL 32459	
	<del></del>	<del></del>
<del></del>		OT AUG -T AT IO.
		1 S
(Use attachment if necessary)		量品
CLE V: Effective date if other than the	ne date of filing: (OF	PTIONAL)
effective date is listed, the date must	be specific and cannot be more than five busin	ness days prior
90 days after the date of filing.)		

James P. Boswell, III

that the facts stated herein are true.)

Typed or printed name of signee

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

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)