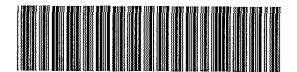
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations
SURVECT. SITIUS COASUlting Group, L.L.C
(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:
Alvin Cunningham
(Name of Person)
Sirius Consulting Group, L.L.C (Firm/Company)
(Firm/Company)
8322 Rain Forest Drive
(Address)
Drlando, FL 32829 篇音
(City/State and Zip Code)
For further information concerning this matter, please call:
Alvin Cunningham at 407 341-8112 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\infty\$\$130.00 Filing Fee & \$\infty\$\$\$\$ \$\infty\$\$\$\$\$ \$\infty\$
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street/Courier Address
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Emmed Liability Company	15.	1 1
Sirius Consulting Group	O, L.L.C EFFECTIVE DATE \$ 12	101
(Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		2
The mailing address and street address of the	principal office of the Limited Liability Comp	angis: 言 T
Principal Office Address:	Mailing Address:	2 6
8322 Rain Forest Drive	8322 Rain Forest Drive	等 5
Orlando, PL 32829	OF lando, FL 32829	- 13 To
		Du.
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another	

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alvin Cunningham

8322 Rain Forest Drive

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

Orlando, T

EL 32829

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 agt 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

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	Name and Address:
"MGRM" = Managing Member	
	T 16 24
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: 8-21-07 (OPTIONAL) secific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here.	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
HIVIN CC 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)