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(Reques	tor's Name)
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(City/Sta	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
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COVER LETTER

TO:	Registration Section Division of Corporations			
SURII	_{sject:} The Trojan Group, LLC			
5 C D G	(Name of Limited Liability Co	mpany)		
The en	enclosed Articles of Organization and fee(s) are submitted for f	iling.		
Please	se return all correspondence concerning this matter to the follow	ring:		
	Thomas J Hart, Jr			
	(Name of Persor)		
	The Trojan Group, LLC			
	(Firm/Company)		
	2677 Gleneagles Drive			
	(Address)			
	Clearwater, FI 33761			
(City/State and Zip Code)				
For fur	further information concerning this matter, please call:			
Thomas J Hart, Jr (Name of Person) at (334) (Area Code & Daytime Telephone Number)				
	(Name of Person) (Area	Code & Daytime Telephone Number)		
Enclos	losed is a check for the following amount:			
\$125.	25.00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$155.00 F \\ \text{Certificate of Status}\$\$ Certified (additional)			
	Registration Section Regis Division of Corporations Divis P.O. Box 6327 Clifto Tallahassee, FL 32314 2661	t/Courier Address tration Section ion of Corporations n Building Executive Center Circle nassee, FL 32301		



October 22, 2007

THOMAS J. HART JR. 2677 GLENEAGLES DRIVE CLEARWATER, FL 33761

SUBJECT: THE TROJAN GROUP, LLC

Ref. Number: W07000052170

We have received your document for THE TROJAN GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 18, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 407A00061930

Leslie Sellers Regulatory Specialist II

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:
ability Company, "L.L.C.," or "LLC.")
ability Company, L.E.C., or LLC.
principal office of the Limited Liability Company is
principal office of the Elimited Elaothty Company is
Mailing Address:
2677 Gleneagles Drive
Clearwater, FI 33761
Drive address (P.O. Box NOT acceptable)
te, and Zip
to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and

(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 "MGRM" = Managing Member	Name and Address:			
MGRM	Thomas J Hart, Jr 2677 Gleneagles Drive			
·	Clearwater, Fl 33761			
MGR	Keith Altobelli		-	
	140 Infantry Way Marietta, Ga 30064		•	
MGR	Raymond B Pollock			
	25326 CAKS Blue Lano O Lakes, FL 34639		• •	
MGR	Debbie Millerz 6609 Gates Pointe W Riverview FL 33569	λαΥ	<i>-</i> •	
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sto or 90 days after the date of filing.)				ior
REQUIRED SIGNATURE:				
Signature of a member of	1. Hauthorized representative of a member.	•		
***************************************	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)			
Туре	Thomas J. Hart Jr. d or printed name of signee		<i>r</i> - 5	
Filing Fees:		SECR	2007 NOV	e kappa
\$125.00 Filing Fee for Articles of Organi	zation and Designation	HAX.	- AC	

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)