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(Requestor's Name)
(Address)
(Address)
(and the second
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	CT: The Caunders Group, LLC (Name of Limited Liability Company)
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Vennifer Steele Saunders (Name of Person)
	(() = 1000,
_	The Saunders Group, LLC (Firm/Company)
	(Firm/Company)
	612 East Main Avenue (Address)
	· · · ·
	DEFUNIAK Springs, FL 32435 (CityState and Zip Code)
	(City/State and Zip Code)
For furth	ner information concerning this matter, please call:
VEnn	ner information concerning this matter, please call: Orfer Stelle Shunders at (850) 319-9743000 20 (Area Code & Daytime Telephone Number)
	d is a check for the following amount:
-	0 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee,
	Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Saunders Gro	up, 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:			
612 East Main AVENUE DEFuniak Springs Florida 32435	012 East Main Avenue DeFuniak Springs Florida 32435			
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual monother			
The name and the Florida street address of				
Vennifer S	TEELE Saunders SSEE 79 D			
612 East 1 Florida stre	Ma Avenue et ?			
Florida stre DE Funiak Sp. City, S	7/ngsFL 32435			
City, S	tath/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.

(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:

M&R	Vennifer Steele Saunders 612 East Main AVENUE DE FUNIAK Springs, FL 3243

	FEB 2
	FF0RA 2:
(Use attachment if necessary)	,
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAle specific and cannot be more than five business day

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.)

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)