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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

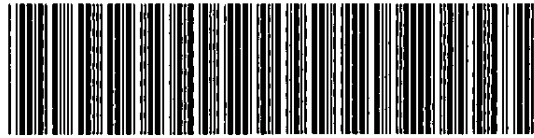
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/14/08--01044--020 **125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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T. HAMPTON

MAR 17 2008

EXAMINER

Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL. 32314

March 12, 2008

Dear Sirs,

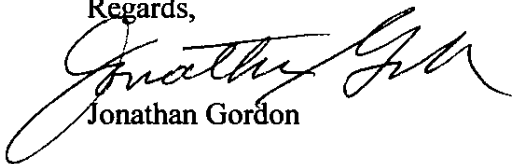
Enclosed are the signed Articles of Organization for the Bus Dev Group and a check for \$125.00 for the filing fee.

If there are any questions please contact me as follows:

Jonathan Gordon
4201 Bayshore Blvd.
Unit 1603
Tampa, FL 33611

Phone 813-675-9798

Regards,



Jonathan Gordon

cc: [illegible]

cc: [illegible]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Bus Dev Group LLC
(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:

Jonathan Gordon

(Name of Person)

The Bus Dev Group LLC

(Firm/Company)

4291 Bayshore Blvd., Unit #1603

(Address)

Tampa, Florida 33611

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Gordon

(Name of Person)

at (**617**) **794-8926**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

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:

The name of the Limited Liability Company is:

The Bus Dev 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:

4201 Bayshore Blvd.

Unit # 1603

Tampa, Florida 33611

Mailing Address:

4201 Bayshore Blvd.

Unit # 1603

Tampa, Florida 33611

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jonathan Gordon

Name

4201 Bayshore Blvd., Unit # 1603

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

Tampa, Florida 33611_{FL}

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Jonathan Gordon

4201 Bayshore Blvd., Unit # 1603

Tampa, Florida 33611

MGRM

David W. Baum

214 Walnut Street

Wellesley, MA 02481

MGRM

Lance Auburg

5331 Edmondson

Dallas, Texas 75209

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

Jonathan Gordon

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)

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