

L08000030595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

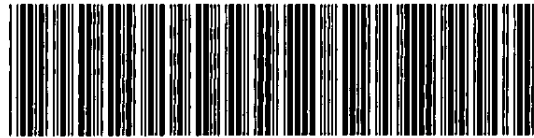
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 MAR 25 PM 2:23

G. MCLEOD

MAR 26 2008

EXAMINER

The Miavie Group (Cover Letter)

Contact: Douglas Cobb

Address: 3190 Palm Trace Landings Drive  
Apt. 804  
Davie, FL 33314

Phone: (305) 766-9266

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Miavie Group**  
(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:

Douglas Cobb

(Name of Person)

The Miavie Group

(Firm/Company)

3190 Palm Trace Landings Drive - Unit 804

(Address)

Davie, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas Cobb at ( 305 ) 766-9266  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Miavie 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:**

3190 Palm Trace Landings Drive

Unit 804

Davie, FL 33314

**Mailing Address:**

3190 Palm Trace Landings Drive

Unit 804

Davie, FL 33314

**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:

Douglas Cobb

Name

3190 Palm Trace Landings Drive - 804

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

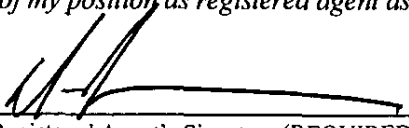
Davie, FL 33314

FL

City, State, and Zip

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DIVISION OF CORPORATION  
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*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)

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Traavis Chandler

3190 Palm Trace Landings Drive - Unit 804

Davie, FL 33314

MGR

Douglas Cobb

3190 Palm Trace Landings Drive - Unit 804

Davie, FL 33314

MGRM

Joshua Rhodes

3190 Palm Trace Landings Drive - Unit 804

Davie, FL 33314

MGRM

Adam Pressley

3190 Palm Trace Landings Drive - Unit 804

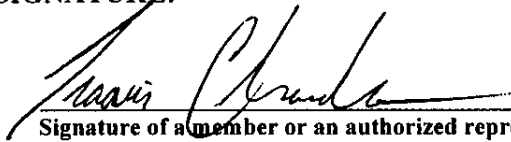
Davie, FL 33314

(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.)

**Traavis Chandler**

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)**

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title: Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM -----Dwayne Fleming  
3190 Palm Trace Landings Drive  
Unit 804  
Davie, FL 33314

MGRM -----Steven Clark  
3190 Palm Trace Landings Drive  
Unit 804  
Davie, FL 33314

MGRM -----Tremaine Conley  
3190 Palm Trace Landings Drive  
Unit 804  
Davie, FL 33314

MGRM -----William Bullock  
3190 Palm Trace Landings Drive  
Unit 804  
Davie, FL 33314

MGRM -----Thanh Nguyen  
3190 Palm Trace Landings Drive  
Unit 804  
Davie, FL 33314