

Apr 11 2008 2:04 PM

CSH SERVICES

15612 2812

P.1

L080000037090

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000094154 3)))



H080000941543ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

L. SELLERS

APR 14 2008

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

THE STATON GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

08 APR 11 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR 11 AM 8:44

FILED

#08000094154-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

THE STATON GROUP, LLC

ARTICLE II ADDRESS

The street address of the principal office of the Limited Liability Company is:

784 E MICHIGAN STREET #33
ORLANDO, FLORIDA 32806

The mailing address of the Limited Liability Company is:

PO BOX 3346
ORLANDO, FLORIDA 32802-3346

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

J. BRAD STATON
784 E MICHIGAN STREET #33
ORLANDO, FLORIDA 32806

Having been named as registered agent 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.

x 

J. BRAD STATON / Registered Agent's signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR 11 AM 8:44

FILED

H. 08000094154.3

PAGE 2 THE STATON GROUP, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

J. BRAD STATON

PO BOX 3346

ORLANDO, FLORIDA 32802-3346

.....

x



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.

J. BRAD STATON

2008 APR 11 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED