

LD8000054613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

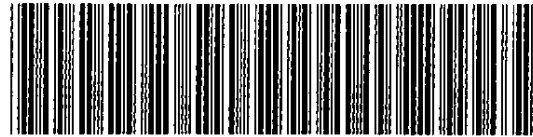
Special Instructions to Filing Officer:

L. SELLERS

JUN - 2 2008

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Absolute Success Group, L.L.C.
(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:

John F. Davis

(Name of Person)

Absolute Success Group, L.L.C.

(Firm/Company)

694 Seabrook Court, #204

(Address)

Altamonte Springs, Florida 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

John F. Davis

(Name of Person)

at (407) 252-4031

(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

The name of the Limited Liability Company is:
ABSOLUTE SUCCESS GROUP, L.L.C.

ARTICLE II

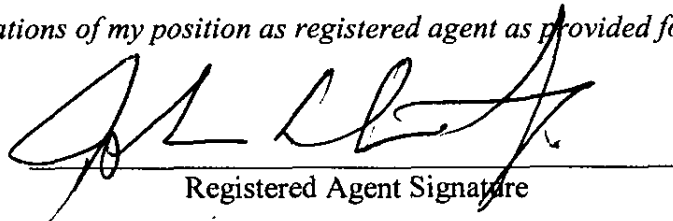
The street address of the principal office of the Limited Liability Company is:
694 Seabrook Court, #204
Altamonte Springs, FL 32714

The mailing address of the Limited Liability Company is:
694 Seabrook Court, #204
Altamonte Springs, FL 32714

ARTICLE III

The name and the Florida street address of the registered agent are:
John F. Davis
694 Seabrook Court, #204
Altamonte Springs, FL 32714

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 Signature

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TALLAHASSEE, FLORIDA

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ARTICLE IV

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

Title:	Name and Address:
MGRM	John F. Davis 694 Seabrook Court, #204 Altamonte Springs, FL 32714
MGRM	Felicia N. Haslom 694 Seabrook Court, #204 Altamonte Springs, FL 32714

ARTICLE V

Percentage of contributions to capital and profit sharing and loss:

John F. Davis	51%
Felicia N. Haslom	49%

ARTICLE VI

Officers:

John F. Davis	President
Felicia N. Haslom	Vice-President
John F. Davis	Treasurer


Signature of authorized representative.

John F. Davis
Name of signee

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TALLAHASSEE, FLORIDA