

W8000058794

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

eventerprise group, llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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JUN 16 2008

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Enterprise Group, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

440 Sawgrass Corporate Parkway
Suite 100
Sunrise, FL 33325

440 Sawgrass Corporate Parkway
Suite 100
Sunrise, FL 33325

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:

OMAHAR K. STEPHENSON
Name

440 Sawgrass Corporate Parkway Suite 100
Florida street address (P.O. Box **NOT** acceptable)
Sunrise FL 33325
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.

Omahar K. Stephenson
Registered Agent's Signature (REQUIRED)

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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:

MGR

Mike Owen
440 SAWGRASS CORP Pkwy #100
SUNRISE, FL 33325

MGR

Damian James
440 SAWGRASS CORP Pkwy #100
SUNRISE, FL 33325

MGR

Omahar K. Stephenson
440 SAWGRASS CORP Pkwy #100
SUNRISE, FL 33325

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/11/08 (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.)

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REQUIRED SIGNATURE:

Omahar K. Stephenson
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.)

OMAHAR K. STEPHENSON

Typed or printed name of signer

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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