

LD80000087253

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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

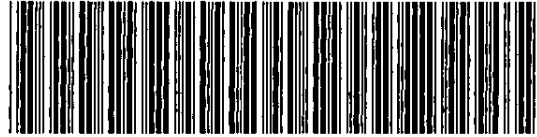
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SEP 15 2008

EXAMINER



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09/11/08--01020--019 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP 11 PM 2:02

**CANNING ENTERPRISES, LLC**

**14545 Tanja King Blvd.**

**Orlando, Florida 32828**

**T: 407/312-9629**

September 5, 2008

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*Via U.S. Mail*

**Re: Filing of Articles of Organization  
AVALON STRATEGIES GROUP, LLC**

Dear Registration Section:

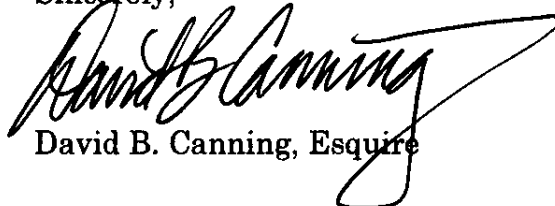
Enclosed for filing are the Articles of Organization of my client,  
**AVALON STRATEGIES GROUP, LLC**, and a check in the amount of \$130.00  
for the filing fee and a certificate of status.

Please return all correspondence concerning this matter to the  
following:

**David B. Canning, Esquire  
CANNING ENTERPRISES, LLC  
14545 Tanja King Blvd.  
Orlando, Florida 32828**

For further information, please do not hesitate to call me at  
407.312.9629.

Sincerely,

A handwritten signature in black ink, appearing to read "David B. Canning", with a large, sweeping flourish at the end.

David B. Canning, Esquire

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - NAME

The name of the Limited Liability Company is **AVALON STRATEGIES GROUP, LLC.**

## ARTICLE II - ADDRESS

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

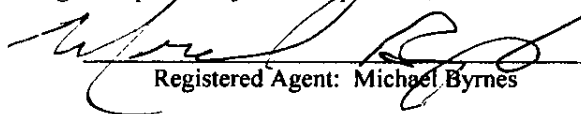
**3787 Cassia Drive  
Orlando, Florida 32828**

## ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

**Michael Byrnes  
3787 Cassia Drive  
Orlando, Florida 32828**

*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, Florida Statutes.*

  
Registered Agent: Michael Byrnes

## ARTICLE IV - MANAGEMENT

☒ - The Limited Liability Company is to be managed by one manager or managers and is, therefore a manager-managed company. The name and address of the initial manager of the Limited Liability Company shall be:

**Michael Byrnes  
3787 Cassia Drive  
Orlando, Florida 32828**

(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 here are true.

  
Member Signature: Michael Byrnes

### FILING FEES:

\$125.00 Filing for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (Optional)  
\$5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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