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COVER LETTER

Division of Corporations
SUBJECT: _ GULFSIDE APPRAISAL GROUP, LLC
(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:
TIMOTHY RYAN ONEILL
(Name of Person)
(Firm/Company)
918 ROSEA CT.
(Address)
(Firm/Company) 918 ROSEA CT. (Address) NAPLES, FL. 34104 RESERVED RESER
(City/State and Zip Code)
For further information concerning this matter, please call:
TIM O'NEILL 239, 298-6591
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
✓ \$125.00 Filing Fee ↓ \$130.00 Filing Fee & ↓ \$155.00 Filing Fee & ↓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
(additional copy is enclosed) (additional copy is enclosed)
Mailing Address Street/Courier Address
Registration Section Registration Section
Tallahassee, FL 32314 / 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

SAL GROUP, LLC. y Company, "L.L.C.," or "LLC.")
ncipal office of the Limited Liability Company is:
Mailing Address:
Same as PRINCIPAL ADDRESS
Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
gistered agent are:
NONEILL FS 島
NOV AHA
ess (P.O. Box NOT acceptable)
ecc (P.O. Boy NOT accentable)
ess (P.O. Box NOT acceptable) PL 34104 d Zip

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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 and 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.) 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)