(Requestor's Name)		
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2009

HOWARD G. STEPHENSON 3113 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444

SUBJECT: THE MANAGEMENT GROUP, LLC

Ref. Number: W09000007420

We have received your document for THE MANAGEMENT GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 709A00005433

# **COVER LETTER**

TO: Registration Sec Division of Corp	
SUBJECT:	tephenson Management Group, L.L.C. (Name of Limited Liability Company)
The enclosed Articles of C	Organization and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
H	oward G. Stephenson
	(Name of Person)
Sfe	phenson Management Group, L.L.C.
	(Firm/Company)
<u></u>	2/13 Country Club Drive ARR TO THE COUNTRY (Address)  You Haven FL 32444  (City/State and Zip Code)
	(Address)
	(Address)  YM Haven FL 32444  (City/State and Zip Code)
	(City/State and Zip Code)
For further information co	oncerning this matter, please call:
Hal Stephen	at (850) 866-/223 (Area Code & Daytime Telephone Number)
Enclosed is a check for	the following amount:
以\$125.00 Filing Fee [prもいるのでのないなりないなりないないないないないないないない。	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Stephenson Manageme (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3113 Country Chib Ar Lynn Hovery FL 32444	3113 Country Club Ar. Lynn Haven, FL 3244
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Howard G.	egistered agent are:  Stephenson  Hry Club Drive ress (P.O. Box NOT acceptable)
3113 Cour	try Club Drive TS P Tress (P.O. Box NOT acceptable)
City, State, a	FL 32444 55 5 10 10 10 10 10 10 10 10 10 10 10 10 10

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..

Howard & Stephonson Registered Agent's Signature (REQUIRED)

> (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:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Howard G. Stephenson 7/13 Country CLUB Drive Lynn Haven, FL 32444	
MGRM	Milinda J. Stephenson 3117 Country Gub Prive Lynn Haven Fl 32444	
	2009 HAR -5	
(Use attachment if necessary)	ASSEE FLO	

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 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.)

Howard G. Stephenson
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)