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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Division of C	n Section Corporations					
SUBJECT:	Three	e Arrows Group LLC				
		ited Liability Company				
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.				
Please return all corre	spondence concerning this mat	tter to the following:				
	John F DeMarco Name of Person					
	Three	Arrows Group LLC Firm/Company				
	ARET W					
·	2455 Hollywood Boulevard, Suite 103					
	Hollywood, FL 33020					
		ity/State and Zip Code	3			
		nfo@ctgellc.com I for future annual report notification)				
For further information	on concerning this matter, pleas					
	n F DeMarco	at (954) 453 1190 Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount:					
₹\$125.00 Filing Fee	\$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)	s &			
	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 - Name:

The name of the Limited Liability Company is:	
Three Arrows G (Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Three Arrows Group LLC 2455 Hollywood Boulevard, Suite 103 Hollywood, FL 33020	Three Arrows Group LLC 2455 Hollywood Boulevard, Suite 103 Hollywood, FL 33020
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r Eric Dorsk	≥ Z
Name	m _o
7320 Griffin Roa	ad, Suite 220
Florida street address (P.O.	Box NOT acceptable)
Davie, FL 33314 City, State, ar	<u>FL</u> nd Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

"MGR" = Manag		Name and Address:	
"MGRM" = Man			
MGRM		John F DeMarco	
11101111	<u> </u>	2455 Hollywood Boulevard, Suite 103	3
		Hollywood, Fl. 33020	
MGRM		CTG Enterprises LLC	
		2455 Hollywood Boulevard, Suite 103	3
		Hollywood, FL 33020	2009
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(Use attachment i	ii necessary)		
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LE V: Effective of fective date is list days after the da	date, if other than the ded, the date must be ate of filing.) GNATURE: Signature of a member	specific and cannot be more than five busin Or an authorized representative of a member.	
LE V: Effective of the first of the days after the days	date, if other than the oted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with sect	or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	
LE V: Effective of the first of the days after the days	date, if other than the ded, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with sect of this document consti	or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	
CLE V: Effective of the control of t	date, if other than the oted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with sect of this document constitutation that the facts stated here	or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.)	

Page 2 of 2

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)