## L0900060182

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(Re	equestor's Name)	
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	ty/State/Zip/Phone	s #N
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	1
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Office Use Only



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2009 JUN 19 AM 10: 35
SECRETARY OF STATE A

C. LEWIS

JUN 2 2 2009

EXAMINER

## COVER LETTER

"то:"	Registration and Division of C					
SUBJE	CCT:	Note Worth	ny Inv	vestor'	's Group.	LLC
		Name of Limit				
The end	closed Articles of	of Organization and fee(s) are	submitt	ted for fil	ing.	
Please 1	return all corres	pondence concerning this mat	ter to th	e followi	ng:	
				Perodin	1	
			Name (	of Person		
-		Note Worth			Group, LL	<u> </u>
			Firm/C	Company		
-		5411		Hills C	ircle	
			Ad	dress		
-				lorida 3		
			-	and Zip Co		
-		E-mail address: (to be used	for future	e annual re	eport notification	on)
For furt	her information	concerning this matter, please	e call:			
		m Perodin	_ at (	407	_)	963-8764
	Name	of Person		Area Co	de & Daytime	Telephone Number
Enclose	ed is a check f	or the following amount:				
]\$125.0	00 Filing Fee	✓ \$130.00 Filing Fee & Certificate of Status	Ce	ertified C	ling Fee & Copy opy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Division Clifton 2661 E	Courier Adde ation Section on of Corpora Building executive Cen assee, FL 323	tions ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	- <del>-</del>	mpany is:	
	Note Worthy	Investor's Group, LLC	
(Must	end with the words "L	imited Liability Company," "L.L.C.," or "LLC."	)
ARTICLE II - Addı	ress:		
The mailing address	and street address	s of the principal office of the Limite	d Liability Company is:
Principal Office Add	dress:	Mailing Address:	
5411 Pine Hills Circ	cle	5411 Pine Hills Circle	
Orlando, FL 32808		Orlando, FL 32808	1.00
business entity with an acti	ve Florida registration	ts own Registered Agent. You must designate an i.) ss of the registered agent are: Gam Perodin	individual or another  2009 JUN 19  SECRETAR TALLAHASS
		Name	ARE UN
	541	1 Pine Hills Circle	SSI IS
	Florida street ad	idress (P.O. Box <u>NOT</u> acceptable)	PS R PM
_	ORLA	VBO FL 33808 ity, State, and Zip	AM 10: 35 OF STATE
	С	ity, State, and Zip	D: 35
liability company registered agent and statutes relating to	as registered age at the place desig agree to act in th the proper and co	nt and to accept service of process for gnated in this certificate, I hereby acce is capacity. I further agree to comply omplete performance of my duties, and on as registered agent as provided for	the above stated limited the appointment as with the provisions of all I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as folking: JUN 19 AM 10: 35

"MGR" = Manager "MGRM" = Managin	g Member	Name and Address:	SECRETARY OF STATE TABLAHASSEE, FLORIC
(Use attachment if ne	cessary)		
TCLE V: Effective date,	if other than the	date of filing: e specific and cannot be more	. (OPTIONAL) e than five business days pr
TICLE V: Effective date, n effective date,	if other than the the date must b f filing.)	date of filing:e specific and cannot be more	(OPTIONAL) e than five business days pr
TCLE V: Effective date, n effective date is listed, 90 days after the date of REQUIRED SIGNA	if other than the the date must be filing.)	e date of filing:e specific and cannot be more	e than five business days pr
TICLE V: Effective date, n effective date is listed, 90 days after the date of REQUIRED SIGNATION Sign (In of	if other than the the date must be filing.)  ATURE:  Ature of a member accordance with se	e specific and cannot be more  er or an authorized representative ction 608.408(3), Florida Statutes, talitutes an affirmation under the pena	e than five business days proof a member.
TICLE V: Effective date, n effective date is listed, 90 days after the date of REQUIRED SIGNATION Sign (In of	if other than the the date must be filing.)  ATURE:  accordance with see this document const the facts stated he	e specific and cannot be more  er or an authorized representative ction 608.408(3), Florida Statutes, talitutes an affirmation under the pena	e than five business days proof a member.  the execution

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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