(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

AUG 1 9 2009

**EXAMINER** 



500159547175

08/17/09--01016--015 \*\*160.00

# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	EXPlorers Investment Group L.L.C.	
30 631	Name of Limited Liability Company	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Leonard O. Holt	<del></del>
	Name of Person	
	Explorers Investment Group L.L.C.	
	Firm/Company	
	6501 Vernon St.	
	Address	
	Orlando, Florida 32818	
	City/State and Zip Code	
	holt976@hotmail.com	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Leonard O. Holt         at (         407         914-6981           Name of Person         Area Code & Daytime Telephone Number	
	Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
	.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$155.00 Filing Fee \& Certificate of Status \$\bigcup \\$160.00 Filing Fee \& Certificate of Status \$\bigcup \\$(additional copy is enclosed)\$\bigcup \}(additional copy is enclosed)\$\\(additional copy is enclosed)\$\\(additiona	s &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compan	ny is:
	tment Group LLC
(Must end with the words "Limited	Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6501 Vernon St Orlando Fl 32818	6501 Vernon St. Orlando, Fl 32818
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another. The registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Leona	the registered agent are:  ard O. Holt  Name
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of  Leona	the registered agent are:  ard O. Holt Name
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Leona N	the registered agent are:  ard O. Holt  Name
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Leona N	the registered agent are:  ard O. Holt Name  Vernon St. (P.O. Box NOT acceptable)

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..

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:			
Leonard Holt	6501 Vernon St. Orlando, FL 32818 MGRM			
Constance Holt	6501 Vernon St. Orlando FL 32818 MGRM			
Lorenzo Jefferson	7008 Harwick Dr Orlando, FL 32818 MGRM			
Carol Jefferson	7008 Harwick Dr. Orlando, FL 32818 MGRM			
(Use attachment if necessary)  ARTICLE V: Effective date, if other than 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.)				
Typed or printed name of signee  Filing Fees:				
\$125.00 Filing Fee for Articles of Organiza	ation and Designation			

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

### **Additional Managing Members**

Name Elliott, Mary Addreass

iott, Mary 4662 Vargas St Orlando, FL 32811

MGRM

Holt, Constance

6501 Vernon St. Orlando, FL 32818

MGRM

Holt, Leonard

6501 Vernon St. Orlando, FL 32818

MGRM

Jefferson, Carol

7008 Harwick Dr. Orlando, Fl 32818

MGRM

Jefferson, Lorenzo

7008 Harwick Dr. Orlando, FI 32818

**MGRM** 

Kegler, Derrick

4045 Calumet Dr. Antioch, TN 37013

MGRM

Kegler, Lisa

4045 Calumet Dr. Antioch, TN 37013

MGRM -

Lockwood, Carolyn

6215 Forest Grove Blvd. Orlando, FL 32808

MGRM

Lockwood, Robert

6215 Forest Grove Blvd. Orlando, FL 32808

MGRM

Mason, Russel

2817 Grassmere Lane Orlando, FL 32808

MGRM

McCullough, Jody

910 A Lake Destiny DR Altamont Springs, FL 32710

MGRM

McCullough, Nettie

910 A Lake Destiny DR Altamont Springs, FL 32710

MGRM

Slaughter, Deborah

Slaughter, Michael

7010 Balboa Dr. #207 Orlando Fl. 32818

MGRM 7010 Balboa Dr. #207

Orlando Fl. 32818

MGRM

Walton, Jay

2094 Ashland Blvd. Orlando, FL 32808

MGRM

Kegler, Derrick

4045 Galumet Dr Antioch, TN 37013

MGRM

Kegler, Lisa

4045 Galumet Dr Antioch, TN 37013

MGRM