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DIVISION OF SEPTEMBRICAL CAHASSEE, FLORIDA

S. HAWKES

SEP 1 7 2009

EXAMINED

COVER LETTER

TO: Registration Division of	on Section Corporations	
SUBJECT:	G	Soor Group,LLC
		ted Liability Company
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all corn	respondence concerning this mat	tter to the following:
	K	amel B GOOR Name of Person
		Name of Person
	D.B	B.A. Speedy Mart
		Firm/Company
	220	1 Bee Ridge Rd.
		Address
		sota,Florida 34233
	Ci	ty/State and Zip Code
	E-mail address: (to be used	for future annual report notification)
For further informati	on concerning this matter, pleas	e call:
Ka	mel B GOOR	at (850)566-4945
Na	me of Person	Area Code & Daytime Telephone Number
Enclosed is a check	k for the following amount:	
]\$125.00 Filing Fc	c \$\int\\$130.00 \text{ Filing Fec & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	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:	
Goor Group),LLC
(Must end with the words "Limited Liabil	
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2201 Bee Ridge Rd.	2201 Bee Ridge Rd.
Sarasota,Florida 34233	Sarasota Florida 34233 AS S
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re-	tered Agent. You must designate an individual on another
The name and the Florida street address of the r	95 ~
Kamel B 6	GOOR
Name	<i>y</i>
3498 Given	ny Court
Florida street address (P.O.	Box NOT acceptable)
Tallahassee,FL.32309	FL
City, State, and	nd Zip
0 0	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

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:

"MGR" = Mana "MGRM" = Ma	nger unaging Member	Name and Address:
MGRM		Kamel B.Goor 3498 Giverny Court
		Tallahassee, Florida 32309
MGRM		Mina K,Goor
		3498 Giverny Court
		Tallahassee, Florida 32309
· - Vi.,		
(Use attachmen	t if necessary)	
•	•	001 1 7000
ICLE V: Effective	e date, if other than the	date of filing: Oct - 1 7009 (OPTIONAL)
ICLE V: Effective	e date, if other than the isted, the date must be	date of filing: Oct - 1 7009 (OPTIONAL) e specific and cannot be more than five business days p
ICLE V: Effective	e date, if other than the isted, the date must be	date of filing: Of - 1 ZOO (OPTIONAL) e specific and cannot be more than five business days p
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)