# 00104781

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies <u>Landau</u> Certificates of Status <u>Calaboration</u>
Special Instructions to Filing Officer:
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M. THOMAS OCT 3 0 2009 **EXAMINER** 

### **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations		
SUBJECT:		nagement Group LLC	D
The enclosed Articles o	f Organization and fee(s) are su	• • •	
	ondence concerning this matter	_	
		ke Dierking lame of Person	
		nagement Group LLC	
	Ĭ	Firm/Company	
	7341 Office F	Park Place, Suite 105	2009 C
		Address	2009 OCT 29 PM 2: 02 SECRETARY OF STATE TALLAHASSEE, FLORIO
		ra, FL 32940 State and Zip Code	SEC P
	·	•	HS 3
	E-mail address: (to be used for	plaw@aol.com future annual report notification)	97 0
For further information	concerning this matter, please of		0A
	en Conway of Person	at ( <u>715</u> ) <u>8</u> Area Code & Daytime Tele	03_4646phone Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy 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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
Mahalo Manage	ment 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	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7341 Office Park Place, Suite 105	7341 Office Park Place, Suite 105 営
Viera, Florida 32940	Marie Flacials 20040
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
	Dierking
N	ame
	rk Place, Suite 105 (P.O. Box <u>NOT</u> acceptable)
Viera, Florida 3294 City, Sta	ate, and Zip
Having heen named as registered agent and	d to accept service of process for the above stated limited

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" = Managi	Name and Address:  ng Member	
MGR	Ron Dean 135 Sunset Dr. North St. Petersburg, Florida 33710	
MGR	Mike Dierking 7341 Office Park Place, Suite 105 Viera, Florida 32940	
MGR	Randy Zoesch 207 N 4th Ave Park Falls, Wisconsin 54552	  -  T
MGR		Complete State
<u>REQUIRED</u> SIGN.	ATURE:	
Sig	nature of a member or an authorized representative of a member.	
of	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.)	
Filing Fees:	Typed or printed name of signee	
of Register \$ 30.00 Certified C		