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C. LEWIS

NOV 1.0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	<u> </u>	aw Group, F	PLLC
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Dav	id J.Bra	Name of Person	
David	J. Braun.	PLLC Eirm/Company	
1601 N	Palm Ave	nul, Sutl 3	301
Pembro	Ke Pines,	FL 33D2L6	
DBraun 702 @ a01 - COM E-mail address: (to be used for future annual report notification)			
For further information cond	erning this matter, pleas	e call:	
David J. By Name of Pe	7UIN erson	at (954) 295-D Area Code & Daytime Teleph	one Number
Enclosed is a check for th	e following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R C P	Mailing Address Registration Section Division of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Must end with the words "Limited Liabile Purpose." (Legal Service ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Pembroke Pines, FL 33026	1601 N. Palm Avenue Suite 301 Fembroke Pines, FL 33026
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are:
David J-Branne	AUN SS JE
Solve Palm A Florida street address (P.O.	WENU, Suit 301 From Box NOT acceptable)
Pembroke Pines	5FL 33026
City, State, ar	nd Zip

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)

Having been named as registered agent and to accept service of process for the above stated limited

(CONTINUED)

Page 1 of 2

FILED

2009 NOV -9 PM 12: 37 ARTICLE IV- Manager(s) or Managing Member(s): SECRETARY OF STATE TALLAHASSEE, FLORIDA The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: __. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after 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.)

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee