

LD9000111393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

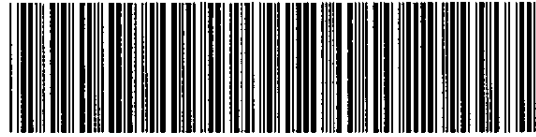
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

NOV 19 2009

EXAMINER



400161814364

04/07/08- 01027-013- \$/25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 NOV 18 PM 12:46

RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.

1595 SE PORT ST. LUCIE BOULEVARD

PORT ST. LUCIE, FLORIDA 34952

(772) 335-5455

(772) 335-2503 FAX

November 5, 2009

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

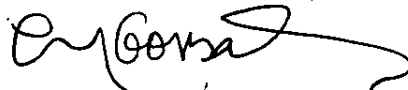
RE: The Carrell Group, LLC

Dear Sir or Madam:

Enclosed herewith are an original and one copy of the Articles of Organization and acceptance by Registered Agent for the above-referenced new limited liability company along with a letter from the State indicating that their previous filing and name choice was unavailable. Please file these Articles in place of their first choice. You are holding the filing fees for same. Please return a certified copy to me upon completion.

Thank you for your assistance in this matter.

Sincerely,



Tiffany N. Gonsalves, CLA FRP
Certified Paralegal

Enc.

ARTICLES OF ORGANIZATION

OF

09 NOV 18 PM 12:46

THE CARRELL GROUP, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608.407, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is The Carrell Group, LLC.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The street address of the principal office and the mailing address of the Company shall be 749 S.E. Portage Avenue, Port St. Lucie, Florida 34984.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Member(s). The Managing Members of the Company shall be Barbara A. Carrell and James R. Carrell. The Member(s) of the Company are as follows:

Barbara A. Carrell
749 S.E. Portage Avenue
Port St. Lucie, Florida 34984

James R. Carrell
749 S.E. Portage Avenue
Port St. Lucie, Florida 34984

ARTICLE V - ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI - SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, Esquire, 1595 S.E. Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.


Barbara A. Carrell, Incorporator


**STATE OF FLORIDA
COUNTY OF ST. LUCIE**

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Barbara A. Carrell, who has produced n/a as identification or who is personally known to me and who executed the foregoing Articles of Organization, and she acknowledged before me that she executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 4th day of March, 2008.

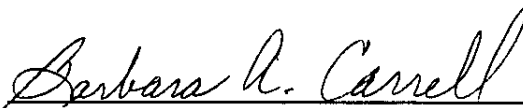
(S E A L)




Notary Public State of Florida at Large
Printed Signature: Tiffany N. Gonsalves
My Commission No:
My Commission Expires:

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.



BARBARA A. CARRELL
Registered Agent

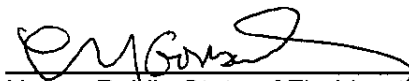
**STATE OF FLORIDA
COUNTY OF ST. LUCIE**

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Barbara A. Carrell, who has produced n/a as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 4th day of March, 2008.

(SEAL)





Notary Public State of Florida at Large

Printed Signature: Tiffany N. Gonsalves

My Commission No:

My Commission Expires: