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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

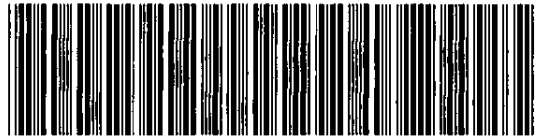
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JAN 29 2010

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SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 28 PM 4:19

W10-4483

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: United Focus Group , LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hugh A. Haggerty
Name of Person

Firm/Company

6150 SW 103 Loop
Address

Ocala, FL 34476
City/State and Zip Code

h.a.haggerty@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan McClure at (321) 591-7141
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

United Focus 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 principal office of the Limited Liability Company is:

Principal Office Address:

United Focus Group, LLC
6150 SW 103 Loop
Ocala, FL 34476

Mailing Address:

United Focus Group, LLC
6150 SW 103 Loop
Ocala, FL 34476

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Susan McClure

Name

6286 100th Loop

Florida street address (P.O. Box **NOT** acceptable)

Ocala, FL 34476

FL

City, State, and Zip

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.

Susan McClure

Registered Agent's Signature (REQUIRED)

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 SECRETARY OF STATE
 DIVISION OF CORPORATION

10 JAN 28 PM 4: 1

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRSusan McClure6286 100th LoopOcala, FL 34476MGRMJanis Lentz6286 SW 100th LoopOcala, FL 34476MGRMHarry Lamb10164 SW 61st Terrace RoadOcala, FL 34476MGRMHugh Haggerty6150 SW 103 LoopOcala, FL 34476 (see attachment)

(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.)

Susan McClure

Typed or printed name of signer

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)

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ATTACHMENT:****Title****Name and Address:****MGRM****Dewella Markland
6274 SW 100th Loop
Ocala, FL 34476**