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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Acroamatium 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: Christopher M Clark Name of Person Firm/Company 6061 West Dogwood Dr. Address Crestview, FL 32536 City/State and Zip Code Chris@AcroamatiumGroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christopher M Clark Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **□**\$130.00 Filing Fee & □\$125.00 Filing Fee **\$155.00** Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

7

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Acroamatium		Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		ss of the principal office of the Limited Liabili	ty Company is:
Principal Offic	e Address:	Mailing Address:	
6061 West Dogwood	l Dr.	6061 West Dogwood Dr.	
Crestview, FL 32536		Crestview, FL 32536	
	Christopher M C	Name	SION OF CORP.
	6061 West Dog		OS ATT
	Flori	ida street address (P.O. Box <u>NOT</u> acceptable)	SIANE ORATIO
	Crestview,	FL 32536	Z.
liability com registered agen statutes relatio	pany at the place desi and agree to act in thig g to the proper and c	City, State, and Zip ent and to accept service of process for the above gnated in this certificate, I hereby accept the applicate in this certificate, I hereby accept the application of the completion of the process of the complete performance of my duties, and I am fantion as registered agent as provided for in Chaptal	pointment as provisions of all uiliar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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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	Name and Address:
"MGRM" = Managing Member	r
MGR	Christopher M Clark
	6061 W Dogwood Dr.
	Crestview, FL 32536
MGR	Joseph Richard Tyrell III
	5480 Goodwin Rd.
	Crestview, FL 32539
	
(Use attachment if necessary)	
I E Ve Effortive data if other th	an the date of filing: March 19, 2010 . (OPTION
	nust be specific and cannot be more than five business da
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days after the date of filing.) REQUIRED SIGNATURE:	·
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REQUIRED SIGNATURE:	member or an authorized representative of a member.

Filing Fees:

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

Christopher M Clark

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee