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EXAMINER

COVER LETTER

TO:	Registration S Division of Co			•	
SUBJECT: 99GHC Group LLC					
Name of Limited Liability Company					
The e	nclosed Articles o	of Organization and fee(s) are	submitted for filing.		
Please	return all corresp	pondence concerning this mat	ter to the following:		
	Glen T. Cast	to		····	
			Name of Person		
	Firm/Company				
	8306 SE Sar	nctuary Drive			
			Address		
	Hobe Sound	l, FL 33455			
City/State and Zip Code					
	gcfloss@aol		Ē	尚	
		E-mail address: (to be used	for future annual report notification)	# 38 T	
For fu	rther information	concerning this matter, pleas	e call:	23	
Glen	T. Casto		at (561)889-1279		
	Name	of Person	Area Code & Daytime Telephone Number		
Enclo	sed is a check for	or the following amount:			
☑\$125	i.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Fility Certificate of Certified Copy (additional copy is enclosed)	of Status &	
		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:					
99GHC Group LLC					
(Must end with the words "Limited Lial	bility 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:	Mailing Address:				
8306 SE Sanctuary Drive	8306 SE Sanctuary Drive				
Hobe Sound, FL 33455	Hobe Sound, FL 33455				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another				
Glen T. Casto	HAT PR				
Nam	ASSET				
8306 SE Sanctuary Driv	e Z Z Z				
Florida street a	ddress (P.O. Box NOT acceptable)				
Hobe Sound	FL 33455				
City, S	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Glen T. Casto 8306 SE Sanctuary Drive Hobe Sound, FL 33455 (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.) Glen T. Casto Typed or printed name of signee Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

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