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C. LEWIS

MAY 6 2010

EXAMINER

COVER LETTER

TO: Registration Division of C			.,
SUBJECT: Intuitive	Investment Group, LL	0	
	Name of Limit	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	·
William Thon	nas Wespiser		
		Name of Person	
Intuitive Inve	stment Group, LLC		
		Firm/Company	
2743 First St	reet Suite 2702		
•		Address	
Fort Myers, F	lorida 33901		
	Cit	y/State and Zip Code	
ty@marketan	nericarealty.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
William Thomas W	espiser	at (248)890-0030	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Intuitive Investment 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 prin	scipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2743 First Street Suite 2702	2743 First Street Suite 2702
Fort Myers	Fort Myers
	Florida 33901
business entity with an active Florida registration.) The name and the Florida street address of the reg Dennis J. Bessey, Esq. Name	sistered agent are: TALLAHASSEE, FLORITE SECRETARY OF STATE SS (P.O. Box NOT acceptable)
4432 Duncan Road	FST
,	
Punta Gorda City, State	FL 33982 , and Zip
liability company at the place designated in this registered agent and agree to act in this capacity.	e (REQUIRED) UED)

FILED

Title: "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	SECRETARY OF STALLAHASSEE, F
Manager		William Thomas Wespiser	
			
			
			
		····	
(Use attachmen	t if necessary)	-	
(Use attachment	e date, if other than the	e date of filing:	(OPTIONAL)
LE V: Effective	e date, if other than the isted, the date must b	-	(OPTIONAL)
LE V: Effective ffective date is li days after the d	e date, if other than the isted, the date must b late of filing.)	e date of filing:	(OPTIONAL)
LE V: Effective	e date, if other than the isted, the date must b late of filing.)	e date of filing:	(OPTIONAL)
LE V: Effective ffective date is li days after the c	e date, if other than the isted, the date must be date of filing.)	e date of filing:	(OPTIONAL) nan five business days pr
LE V: Effective ffective date is li days after the d	e date, if other than the isted, the date must be late of filing.) IGNATURE: Signature of a member (In accordance with see	e date of filing: e specific and cannot be more the cannot be more than the cannot be c	(OPTIONAL) nan five business days pr a member.

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