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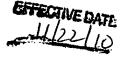
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SECRETARY OF CURPORATION OF CURPORATION

N. Culligan NOV 24 2010

## **COVER LETTER**

	tion Section of Corporations	
SUBJECT:	Managemet 3	3 Group, LLC
	Name of Limit	ed Liability Company
The enclosed Arti	cles of Organization and fee(s) are	submitted for filing.
Please return all c	orrespondence concerning this matt	er to the following:
	M.	E.Terrico Name of Person
	Managam	
<del>.,</del>	wanagem	ent 3 Group, LLC
	52 Ri	iley Road # 377
	02 1	Address
	Celebi	ration FL 34747
	Cit	y/State and Zip Code
<u> </u>	interreg(	Dembargmail.com or future annual report notification)
For further inforn	nation concerning this matter, please	•
M.E. Terrico		_at ( 407 ) 908 0009
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:	
]\$125.00 Filing Fe	ee ✓\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 - Nat The name of the Li	me: imited Liability Com	pany is:			
Managemet 3 Group, LLC					
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Ad		. (Cal (Cal	The Comment in		
the mailing addres	ss and street address	of the principal office of the Limited Liab	onity Company is:		
Principal Office A	Address:	<b>Mailing Address:</b>			
52 Riley Rd #377 Celebration FL 347	747	52 Riley Rd #377 Celebration FL 34747			
Ociebiation 1 E 347		000000000000000000000000000000000000000	<del></del>		
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  M.E. Terrico  Name			SECRETAR DIVISION OF C 10 NOV 23		
	52 Ril	ey Rd #377	Y OF CHAIR		
		street address (P.O. Box NOT acceptable)	<b></b>		
	Celeb	ration <sub>FL</sub> 34747	<b>10</b>		
		City, State, and Zip			
liability compa registered agent a statutes relating	ny at the place design nd agree to act in this to the proper and con	t and to accept service of process for the acted in this certificate, I hereby accept the capacity. I further agree to comply with tapplete performance of my duties, and I am as registered agent as provided for in Ch	appointment as he provisions of all familiar with and		

(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:

Mike Spina
9426 Woodbreeze Blvd. Windermere, FL 32786
B. F Buoncervello
P.O. Box 470127
Celebration FI, 34747
M.E. Terrico
52 Riley Rd #377
Celebration FL 34747

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

M. E. Terrico

Typed or printed name of signee

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)