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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

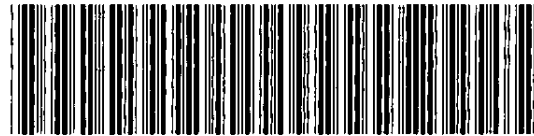
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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 03-03-2011

**NAME:** LIDE GROUP LLC

**TYPE OF FILING:** ARTICLES OF ORGANIZATION

**COST:**

~~8125~~ 155

**RETURN:**

CERT COPY

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lide 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:

Pete Lorton

Name of Person

Worldwide Incorporators Ltd.

Firm/Company

3411 Silverdale Rd. Ralney Bldg. Suite 104

Address

Wilmington, De 19810

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pete Lorton

Name of Person

at ( 302 ) 477-0500

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

LIDE 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:

3411 Silverside Rd. Rodney Bldg.  
Suite 104  
Wilmington, DE 19810

#### Mailing Address:

3411 Silverside Rd. Rodney Bldg.  
Suite 104  
Wilmington, DE 19810

### 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:

Florida Filing & Search Services Inc.

Name

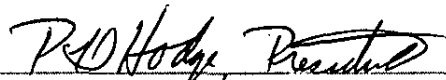
155 Office Plaza Dr. Suite A

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

Tallahassee FL 32301

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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

Crandall Consultance Inc.

Jasmine Ct., 35A Regent St., PO Box 1777

Belize City, Belize

MGR

Gillman Agency Corp.

Jasmine Ct., 35A Regent St., PO Box 1777

Belize City, Belize

MGRM

Crandall Consultance Inc.

Jasmine Ct., 35A Regent St., PO Box 1777

Belize City, Belize

MGRM

Gillman Agency Corp.

Jasmine Ct., 35A Regent St., PO Box 1777

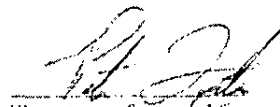
Belize City, Belize

(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. 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.)

**Peter Laxton**

\_\_\_\_\_  
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)**