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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EFFECTIVE DATE 4 25/11

G. HARVEY

APR 2 6 2011

EXAMINER

FILED

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SECRETARY OF STATE
ANIASSEE, FLORATE

COVER LETTER

TO: Registratio Division of	n Section Corporations		·
SUBJECT: THE	E SAFEHG, LLC		
		ted Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	eter to the following:	
<u>JACO</u> !	B ADAMS		
		Name of Person	
SAFE	HARBOR		
		Firm/Company	
1035 F	PRIMERA BLVD	SUITE 1041	
		Address	
LAKE M	IARY, FLORIDA 3		
IADAMS	cı S@THESAFEHG.C0	ty/State and Zip Code	
UNDAM		for future annual report notification)	
For further informati	on concerning this matter, pleas	e call:	
JACOB ADA	MS	at (855 300-4424	
Na Na	me of Person	Area Code & Daytime Telep	hone Number
Enclosed is a checl	k for the following amount:		
▼ \$125.00 Filing Fee		\$155.00 Filing Fee &	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(,	(additional copy is enclosed)
V Ginc	ζ,		
$\langle \lambda_{II}, \langle \gamma_{I} \rangle \rangle$	Mailing Address Registration Section	Street/Courier Address Registration Section	
V VI W	Division of Corporations	Division of Corporations	
/ " \	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center C	ircle
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PAID MADE A			26 PM



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2011

JACOB ADAMS 1035 PRIMERA BLVD., STE. 1041 LAKE MARY, FL 32746

SUBJECT: THE SAFEHG, LLC. Ref. Number: W11000022705

We have received your document for THE SAFEHG, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 211A00009847

H APR 26 PH 3: 3 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A	RT	CL	ÆΙ	[-]	Name:
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The name of the Limited Liability Company is:

THE SAFEHG, 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:

Mailing Address:

THE SAFEHARBOR GROUP

1035 PRIMERA BLVD. #1041

THE SAFEHARBOR GROUP 1035 PRIMERA BLVD. #1041 LAKE MARY, FL 32746

LAKE MARY, FL 32746

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:

JACOB ADAI	MS
	Name
1035 PRIMER	A BLVD STE 1041
-	Florida street address (P.O. Box NOT acceptable)
LAKE MARY	_{FL} 32746
	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)

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:

(Use attachment if necessary) LE V: Effective date, if other than the date of filing: APRIL 25, 2011 fective date is listed, the date must be specific and cannot be more than days after the date of filing.) REOURED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of constitutes an affirmation under the penalties of perjury that the facts stat I am aware that any false information submitted in a document to the Deconstitutes a third degree felony as provided for in s.817.155, F.S.) JACOB ADAMS 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)	JAKE ADAMS 1035 PRIMERA BLVD. #1041 LAKE MARY. FLORIDA te of filing: APRIL 25, 2011 (OPTI pecific and cannot be more than five business and the period of period period of this document is penalties of period that the facts stated herein are the penalties of period that the facts stated herein are the provided for in s.817.155, F.S.) S or printed name of signee	<u>Citle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: APRIL 25, 2011 fective date is listed, the date must be specific and cannot be more than days after the date of filing.) REOUIRED SIGNATURE: Signature of a member or an authorized representative of a refunction of a member of a	JAKE ADAMS 1035 PRIMERA BLVD. #1041 LAKE MARY. FLORIDA te of filing: APRIL 25, 2011 (OPTI pecific and cannot be more than five business and the period of period period of this document is penalties of period that the facts stated herein are the penalties of period that the facts stated herein are the provided for in s.817.155, F.S.) S or printed name of signee	1GRM	STEVE WADE	
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