# L1100006065

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(e-1111/10 <u>-</u> 1111/10)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

MAY 24 2011

**EXAMINER** 



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SECRETARY OF STATE OIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	-C
SUBJECT: Oliver Group Direct LI	_C
	ited Liability Company
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this ma	-
Robert Oliver	
	Name of Person
Oliver Group Direct LLC	
	Firm/Company
345 Belaire Court	
	Address
Punta Gorda, Florida 33950	·
	ity/State and Zip Code
rob.kate.oliver@gmail.com	for future annual report notification)
For further information concerning this matter, plea	•
Robert Oliver	at (509 ) 669-0011
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$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	Street/Courier Address

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Δ	RTI	CLES	OFOR	LANIZA	TION	OR FI	ORIDA	LIMITED	LIARII	ITY	COMP	ANY
•	$\mathbf{u}$							TARIANE E ENEVE		444		

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

# Oliver Group Direct 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:	Malling Address:
345 Belaire Court	345 Belaire Court
Punta Gorda, Florida	Punta Gorda, Florida
33950	33950

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:

Robert Oliver	
7	Name
345 Belaire Co	ourt
Florida stre	et address (P.O. Box NOT acceptable)
Punta Gorda,	<sub>FL</sub> 33950
Ci	tv. 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:

"MAC'D" - Monocor	Name and Address:
"MGR" = Manager "MGRM" = Managing Me:	mher .
MOICIAI — Managing Mc	moet
MGRM	Robert Oliver
- · · · · ·	345 Belaire Court
	Punta Gorda, Florida, 33950
MGR	Kathleen Hughes Oliver
	345 Belaire Court
	Punta Gorda, Florida 33950
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	<del> </del>
(Use attachment if necessar	m / \
Ose attachment it necessar	
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LE V: Effective date, if oth fective date is listed, the date	er than the date of filing: (OPTION te must be specific and cannot be more than five business d
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fective date is listed, the date days after the date of filing  REQUIRED SIGNATUR  Signature  (In accordance with constitutes an affirm I am aware that any	ate must be specific and cannot be more than five business dg.)

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)

Typed or printed name of signee