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# **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: Morris /	Craig Group, I	lc;	
	Name of Limit	ted Liability Company	
The enclosed Articles of Or	rganization and fee(s) are	submitted for filing.	
Please return all correspond	lence concerning this mat	ter to the following:	
Brandi Micl	helle Morris		
	The state of the state of the state of	Name of Person	The Temer W
Morris / Cra	aig Group, Ilc.		
	. ,	Firm/Company	
397 Windsv	vept Blvd.		- Park M
		Address	
Freeport, Flo			
W	Cit	ty/State and Zip Code	
brandimorris79		· · · · · · · · · · · · · · · · · · ·	
	E-mail address: (to be used t	for future annual report notification)	
For further information con-	cerning this matter, please	e call:	
Brandi Michelle Mo	rris	at (-850 ) 835-5211	
Name of P	erson	Area Code & Daytime Telep	phone Number
Enclosed is a check for the	ie following amount:		
\$(25.00 Filing Fee 🚺\$	130.00 Filing Fee & Certificate of Status	\$155:00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	Mailing Address Registration Section Division of Corporations C.O. Box 6327 Callahassee, 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

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А	KT	ICI	. К. Т	- N	Яm	ıe:

The name of the Limited Liability Company is:

# Morris / Craig Group, IIc.

(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:** 

397 Windswept Blvd

Freeport, Florida 32439

P.O. Box 2430

Santa Rosa Beach, Florida 32459

## 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:

Brandi Michelle Morris

397 Windswept Blvd.

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

Freeport

FL 32439 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:

MGRM	Mitchell Gregory Morris 397 Windswept Blvd: Freeport, Florida 32439
MGR <u>M</u>	James Cory Craig
	59 Seabreeze Blvd.
	Panama City Beach, Florida 32413
IGR	Brandi Michele Morris
**************************************	397 Windswept Blvd.
	Freeport, Florida 32439
Use attachment if necessar	y)
EV: Effective date, if othe ective date is listed, the data is listed, the data of filing	r than the date of filing:  te must be specific and cannot be more than five business of the control of the con

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.)

Mitchell G. Morris

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)