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	Requestor's Name)
,	requester s rearrey
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
((Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT

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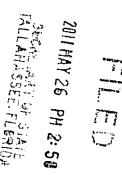
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EXAMINER



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COVER LETTER

TO:	Registratio Division of	n Section Corporations		,	,
SURI	ECT. 292	5 Investment Grou	p, LLC		
5000			ted Liability Company		
The en	nclosed Article	s of Organization and fee(s) are	submitted for filing.		
Please	return all corre	espondence concerning this mat	ter to the following:		
	Karen F	łale			
			Name of Person		
	_		Firm/Company	 .	···
	6822 22	2nd Avenue North#	‡287		
			Address	产 (g	2
	St Peters	sburg, Florida 33710)		E "
	<u> </u>		ty/State and Zip Code	GO Jay	92
	2925inves	stmentgroup@gmail.co	om	मिन्द भिन्न	- 1
		E-mail address: (to be used	for future annual report notification)	777	The passes
For fu	rther information	on concerning this matter, please	e call:		ය. වි
Matt	Hale		at (727) 373-8000		
	Nar	ne of Person	Area Code & Daytime Telep	hone Number	
Enclos	sed is a check	for the following amount:			
		\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing For Certificate of State Certified Copy (additional copy is en	us &
		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 Ci Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	
------------------	--

The name of the Limited Liability Company is:

2925 Investment 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:	Mailing Address:	
6822 22nd Avenue North	6822 22nd Avenue Nort	· · · · · · · · · · · · · · · · · · ·
St. Petersburg, Florida 33710	St. Petersburg, Florida	33710
#287	#287	7 7 7
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Karen Hale	Registered Agent. You must designate ar	n individual or another 26 PH 29
Name		5 5
6822 22nd Ave	enue North #287	
Florida stree	et address (P.O. Box NOT acceptable	e)
St. Petersburg	_{FL} 33710	
Cit	y, 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:

Title		Name and Address:	
	GR" = Manager GRM" = Managing Membe	er	
· MGF	₹	Karen Hale	
	· · · · · · · · · · · · · · · · · · ·	6822 22nd Avenue North #287	
		St. Petersburg, Florida 33710	201
MG	R	Matt Hale	2011 HAY
	•	6822 22nd Avenue North #287	N) years
		St. Petersburg, Florida 33710	o 1
		رد. وي الله الله الله الله الله الله الله الل	
		# f. dg- 75 ≥t	<i>&</i>
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			Gu/
		- And the state of	
(Use	attachment if necessary)		
ARTICLE V	V: Effective date, if other the	han the date of filing: May 20, 2011 (OPTIO	NAL)
		must be specific and cannot be more than five business	lays prior
to or 90 day:	s after the date of filing.)		
REC	DUIRED 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.)

> Karen Hale 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)