L110000 81530

(Requestor's Name)
(Address)
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, , ,
(City/State/Zip/Phone #)
(Only State Liph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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T. CLINE

JUL 15 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: The N	Mahnarb Group LLC			
	Name of Limited Li	ability Company		
	f Organization and fee(s) are submondence concerning this matter to			
riease retuin an corresp	ordence concerning this matter to	de fotownig.		
Hollis D.	Branham			
		e of Person		
The Mah	narb Group LLC.			··
	Firm	n/Company		
3111 We	st Dr. Martin Luther k		te 100	
	•	Address		
Tampa, Flo	orida 33607		······································	
bham1911@	·	e and Zip Code	SEC TALL	2011
	E-mail address: (to be used for fu	ture annual report notification)	王四	
For further information	concerning this matter, please call	:	RETARY HASSEE	
Hollis D. Branha	m at /	813 833-9951	SEE, FLO	E
Name	of Person	Area Code & Daytime Tele	즘글	さ で い
Enclosed is a check for	or the following amount:		A	
	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is encl	s &
	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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Mahnarb Group LLC. (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
3111 West Dr. Martin Luther King Jr., Blvd. Suite 100	3111 West Dr. Martin Luther F Suite 100	King Jr., Blvd.
Tampa, Florida 33607	Tampa, Florida 33607	
		2011 JUL 14 MHOT IS SECRETARY OF STATE ALLAHASSEE. FLORIDA
Florida street	t address (P.O. Box NOT acceptable)	ORIAN
Riverview	_{FL} 33578	DA S
City	, State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	in this certificate, I hereby accept that acity. I further agree to comply with	e appointment as the provisions of all n familiar with and

(CONTINUED)

sistered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" ≈ Manager "MGRM" = Managing Membe	Name and Address:
MGRM	. Hollis D. Branham
	3111 West Dr. Martin Luther King Jr., Suite 100
	Tampa, Florida 33607
(Use attachment if necessary)	
LE V: Effective date, if other the	•
LE V: Effective date, if other the factive date is listed, the date is days after the date of filing.)	han the date of filing: (OPTIONAl must be specific and cannot be more than five business days
LE V: Effective date, if other the	•
LE V: Effective date, if other the factive date is listed, the date is days after the date of filing.)	must be specific and cannot be more than five business day
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business day
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmation of a days after the date of filing.)	must be specific and cannot be more than five business day

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)