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(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	<u> </u>
Certified Copies	·	
Special Instructions to Fi	iling Officer:	
	WIL	53871

Office Use Only



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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Futurology Investment	Group LLC
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Jannette Vega	
	Name of Person
Futurology Investment Gr	oup LLC
	Firm/Company
1535 Lake Marion Dr	
	Address
Apopka, FL 32712	
Ci	ty/State and Zip Code
futurologyllc@yahoo.com	for future annual report notification)
For further information concerning this matter, pleas	
Jannette Vega	at (407 ) 310-9251
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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 Circle Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2011

JANNETTE VEGA 1535 LAKE MARION DR APOPKA, FL 32712

SUBJECT: FUTUROLOGY INVESTMENT GROUP LLC

Ref. Number: W11000053871

We have received your document for FUTUROLOGY INVESTMENT GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 211A00024052

## **COVER LETTER**

	Registratio Division of	n Section Corporations		
SUBJEC	r. Futu	rology investment	Group LLC	
502030		Name of Limit	ed Liability Company	
The encl	osed Article	s of Organization and fee(s) are	submitted for filing.	
$\mathcal{P}_{\mathcal{O}}$	bert	espondence concerning this mat	ter to the following:	
<u> </u>	<del>?ob</del> L \	Naters iii		
			Name of Person	
	Futurol	ogy Investment Gr	oup LLC	
			: Firm/Company	
	9168 La	ake Avon Dr		
			Address	
Ö	rlando,	FL 32829		
			y/State and Zip Code	
<u>fı</u>	uturology	/llc@yahoo.com		
		E-mail address: (to be used	for future annual report notification)	
For furth 206 er	er informati E	on concerning this matter, please	e call:	
<del>Rob</del> L	Waters		at (865 ) 591-2222	
	Na	me of Person	Area Code & Daytime Tele	phone Number
		k for the following amount:		
\$125 <b>.</b> 00	Filing Fee	▼ \$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 enclosed)
		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	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Cor	mpany is:	
Futurology Investment C	Group LLC	
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
9168 Lake Avon Dr	9168 Lake Avon Dr	
Orlando, FL 32829	Orlando, FL 32829	
The name and the Florida street address Pubert  Rob L Waters i		BIVISION OF CORPORATIO
	Name	
9168 Lake <i>i</i>	Name S	<b>9</b>
Floric		200
Orlando, FL 32	2829 FL City State and Zip	ြည့်
	City, State, and Zip	AT A
liability company at the place desig registered agent and agree to act in th statutes relating to the proper and co	ent and to accept service of process for the above stated lignated in this certificate, I hereby accept the appointment ais capacity. I further agree to comply with the provisions omplete performance of my duties, and I am familiar with on, as registered agent as provided for in Chapter 608, F.	miled as of all and

(CONTINUED)

gent's Signature (REQUIRED)

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 — Managing Member    MGRM	<u>Title:</u>	Name and Address:
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	"MGR" = Manager "MGRM" = Managing Me	mher 5.1 4-
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		Kobert
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGRM	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		<u></u>
CLE V: Effective date, if other than the date of filing:		Onando, 1 E 32023
CLE V: Effective date, if other than the date of filing:		
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CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		
REQUIRED SIGNATURE:  (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.)  Rob L Waters iii		
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REQUIRED 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.)  Rob L Waters iii		
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constitutes a third degree felony as provided for in s.817.155, F.S.)  —Rob L Waters iii	CLE V: Effective date, if oth effective date is listed, the days after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days p  g.)  E:  The property of a member or an authorized representative of a member.
<del>-Rob</del> L Waters iii	CLE V: Effective date, if oth effective date is listed, the days after the date of filing REQUIRED SIGNATUR  Signature  (In accordance with constitutes an affin	er than the date of filing: (OPTIONAL)  the must be specific and cannot be more than five business days p  g.)  E:  of a member or an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)