

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : T20010000112  
Phone : (302)575-0875  
Fax Number : (302)575-1642

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**Consortium Management Group LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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**A. LUNT**

FEB -2- 2011

**EXAMINER**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Consortium Management Group LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 150 N. Orange Ave., Suite 410, Orlando, FL 32801.

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Agents and Corporations, Inc.  
300 Fifth Avenue South  
Suite 101-330  
Naples, FL 34102

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.

Agents and Corporations, Inc.

By: John L. Williams, Vice President

**ARTICLE IV - Management (Check box if applicable.) ☒**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ARTICLE V - Manager:**

The initial Manager(s) of the Limited Liability Company shall be:

Ryan S. von Weller

Sanjay G. Chaudhari

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.)

Ryan S. von Weller  
Typed or printed name of signer

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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