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SUCRETARY OF CORPORATIONS DIVISION OF CORPORATIONS

# COVER LETTER

то:	Registration Sect Division of Corpo			•
SUBJI	ECT: The Ga	rland Group, LLC  Name of Limited L		
The en	closed Articles of O	rganization and fee(s) are subr	nitted for filing.	
Please	return all correspond	dence concerning this matter to	o the following:	- Ky
	Barbara Ga	arland / Sylvia Ba		12 HR -2 H
		Nar	ne of Person	2 - 2 S
	The Garlan	d Group, LLC		
		Fin	m/Company	8.58 58
	7339 Popul	us Dr.		58
			Address	
	Port Richey,	Florida 34668		
		·	ate and Zip Code	
	GarlandGroup	DLLC@gmail.com  E-mail address: (to be used for fi	uture annual report notification)	
For fu	ther information cor	ncerning this matter, please cal	·	
1 01 141	the information cor	recriming this matter, preuse ear		
Barb	ara Garland		(727 869-5782	
	Name of I	<sup>2</sup> erson	Area Code & Daytime Telep	ohone Number
Enclo	sed is a check for t	he following amount:		
\$125.00	O Filing Fee 🔽	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Tallahassee, FL 32301	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	ıy is:
The Garland Group, LLC	
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
The Garland Group, LLC 7339 Populus Dr.	The Garland Group, LLC 7339 Populus Dr.
Port Richey, Florida 34668	Port Richey, Florida 34668
The name and the Florida street address of  Barbara Garland   7339 Populus	Sylvia-Garland Name
	eet address (P.O. Box NOT acceptable)
Port Richey	34668
	ity, State, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as BA, Land	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
Ţ J	
MGR	Barbara Garland
	7339 Populus Dr.
	Port Richey, Florida 34668
MGR	Sylvia Barnes
	7339 Populus Dr.
	Port Richey, Florida 34668
MGRM	Derek Barnes
IVIGITIAL	8516 Bella Via
	Hudson, Florida 34667
(Use attachment if necessary)	
CLE V: Effective date, if other the effective date is listed, the date in days after the date of filing.)	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	
	fulund member or an authorized representative of a member.
, and the second	tion 608 408(3). Florida Statutas, the execution of this document

(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.)

Barbara Garland / Sylvia Barnes

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)