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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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G. MCLEOD

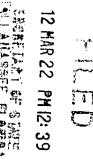
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EXAMINER



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COVER LETTER

	gistration Section vision of Corporations	Programme Control of the Control of
SUBJECT:	7FGROUP L.L.C.	
Sebalei.		ed Liability Company
The enclosed	d Articles of Organization and fee(s) are	submitted for filing.
Please return	n all correspondence concerning this matt	ter to the following:
Ale	eh Lytkin	
		Name of Person
7F	GROUP L.L.C.	
		Firm/Company
28	01 NW 23RD Blvd, Apt#	P104
		Address
Gair	nesville, Florida, 32605	
		y/State and Zip Code
Lytk	kin.Oleg@gmail.com	
	E-mail address: (to be used t	for future annual report notification)
For further in	nformation concerning this matter, please	e call:
Aleh Lytk	kin	at (727) 331-1382
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Filin	ng Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
7FGROUP L.L.C.	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2801 NW 23RD Blvd, Apt P104	2801 NW 23RD Blvd, Apt P104
Gainesville, Florida, 32605	Gainesville, Florida, 32605
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Aleh Lytkin	12 H
Name	Blvd. Apt P104
2801 NW 23RD E	3lvd, Apt P104 📉 🛱 🌣 📺 🦠
Florida street add	lress (P.O. Box NOT acceptable)
Gainesville	FL 32605
City, Sta	ite, 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)

ARTICLE IV- Mana er(s) or Mana in Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Aleh Lytkin 2801 NW 23RD Blvd, Apt P104 Gainesville, Florida, 32605
(Use attachment if necessary)	
ARTICLE V: Effective date, if other the (If an effective date is listed, the date m to or 90 days after the date of filin .)	an the date of filing: 04/01/2012 . (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	member or an authorized representative of a member.
(In accordance with section constitutes an affirmation I am aware that any false	ion 608.408(3), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)

Filin Fees:

125.00 Filin Fee for Articles of Or anization and Desi nation of Re istered A ent 30.00 Certified Copy (Optional) 5.00 Certificate of Status (Optional)

Aleh Lytkin

Typed or printed name of signee