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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  | •  |
|--|--|
| SUBJECT: OPEN GROUP ,LLC   |  |
| Je Bo Le I .   | Liability Company  |
| The enclosed Articles of Organization and fee(s) are su  | ubmitted for filing.   |
| Please return all correspondence concerning this matter  | r to the following:  |
| FRANCO BLANCO  |  |
| •  | Name of Person   |
| OPEN GROUP,LLC   |  |
| 1  | Firm/Company   |
| 199 E FLAGLER ST, #414   |  |
|  | Address  |
| MIAMI FL 33131   |  |
| ·  | State and Zip Code   |
| christine@openinteriors.net  E-mail address: (to be used for   | future annual report notification)   |
| For further information concerning this matter, please of  |  |
| CHRISTINE CONDE  | at (954 ) 7093533  |
| Name of Person   | Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |  |
| \$125.00 Filing Fee \$\square\sq | \$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

| OPEN GROUP,LLC  |  |          |
|---|--|----------|
|   | ited Liability Company, "L.L.C.," or "LLC.")           |          |
| ARTICLE II - Address: The mailing address and street address of   | of the principal office of the Limited Liability Compa | any is:  |
| Principal Office Address:   | Mailing Address:                                       |          |
| 199 E. FLAGLER ST #414  | 199 E. FLAGLER ST #414                                 |          |
| MIAMI,FL 33131  | MIAMI,FL 33131   |          |
|   |  |          |
| (The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address  FRANCO BLANCE | <b>E 2</b>   | FILED    |
| 199 E. FLAG   | BLER ST #414 공공 규                                      | _        |
|   | street address (P.O. Box NOT acceptable)               | ) .<br>) |
| MIAMI   | FL 33131   | -        |
|   | City, State, and Zip                                   |          |
|   |  |          |

Registered Agent'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:

| "MGR" = Manager  |   |
|--|---|
| 113 4 G D S 4 1 1 3 4 1 1  |   |
| "MGRM" = Managing Member   |   |
| MGR  | FRANCO BLANCO   |
| <del></del>  | 199 E. FLAGLER ST,#414  |
|  | MIAMI,FL 33131  |
|  |   |
| MGRM   | CHRISTINE CONDE   |
|  | 199 E. FLAGLER ST,#414  |
|  | MIAMI,FL 33131  |
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| ICLE V: Effective date, if other the   | an the date of filing: (OPTIONAL)   |
| •  | · · · · · · · · · · · · · · · · · · ·   |
| 90 days after the date of filing.)  REQUIRED SIGNATURE:  | 12 APR -9 SECRETARY TALLAHASSI  |
| Of days after the date of filing.)  REQUIRED SIGNATURE:  | nember or an authorized representative of a member.   |
| PO days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a reconstitutes an affirmation I am aware that any false   | 12 APR -9 SECRETARY TALLAHASSI  |
| PO days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a recordance with section constitutes an affirmation I am aware that any false constitutes a third degree. | nember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document or under the penalties of perjury that the facts stated herein are true.  e information submitted in a document to the Department of State |

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)