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2012 JUL -5 AH BH IC SECRETARY OF STATE

J. SAULSBERRY EXAMINER JUL **9** 2012

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	Christina George Group		«.	
SCHOLL		ted Liability Company	de de la contraction de la con	
The enclo	sed Articles of Organization and fee(s) are	submitted for filing.		
Please ret	urn all correspondence concerning this ma	tter to the following:		
C	nristina George Sgagias			
		Name of Person		
C	hristina George Group			
_		Firm/Company		
1	10 Washington Ave apt 2612			
		Address	201	
Mi	ami Beach, FL 33139		2012 JUL SECRET	
City/State and Zip Code				
-	• •	for future annual report notification)		
For furthe	r information concerning this matter, pleas	e call:	LORIDA	
Christin	a Sgagias	717 318-2957		
	Name of Person	Area Code & Daytime Telepho	ne Number	
Enclosed	is a check for the following amount:	•		
\$125.00 F	ling Fee \$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	1160.00 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 Circ Tallahassee, FL 32301	le	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	÷				
Christina George	Group LL	-C			
(M	ust end with th	e words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Ac The mailing addre		et address of the pr	incipal office of the Limited I	Liability Co	mpany is:
Principal Office Address:			Mailing Address:		
110 Washington Ave apt 2612 Mlami Beach, FL 33139		12	110 Washington Ave apt Miami Beach, FL 33139	2612	
(The Limited Liability C business entity with an	company canno active Florida Florida stre	t serve as its own Regist registration.)	Office, & Registered Agent ered Agent. You must designate an indicate a segment agent are:	ividual or anoth	e 2012 JUL -5
	Name		200	HAS	
	80 S.W 8th Street Suite 2000		ت ليا		
	Miami		ress (P.O. Box <u>NOT</u> acceptable) 33130 FL		
		City, Sta	te, and Zip)A	5
liability compa registered agent a statutes relating	ny at the pland agree to to the prope	ace designated in t act in this capacity er and complete per	accept service of process for the Ais certificate, I hereby accept by Lfarther agree to comply win rformance of my duties, and I de agent as provided for in	the appointn th the provis am familiar t	nent as sions of all with and

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
	Chilsting Sgaglas 110 Washington Are apt 2612 Miani Berch, FZ 33139			
	2011 ALL			
	CHETARY CHARRY			
(I lea attachment if necessary)	TOP STATE OF			
(Use attachment if necessary)	DA O			
ARTICLE V: Effective date, if other than the date an effective date is listed, the date must be sport or 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior			
REQUIRED SIGNATURE:				
Signature of a member of	r an authorized representative of a member.			

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)

(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

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)