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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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B. BOSTICK
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EXAMINER

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# **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJE	CT: Croup 301 LLC  Name of Limited Liability Company	
	Name of Entitled Elability Company	
The end	osed Articles of Organization and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
-	Christopher Carter	
	Name of Person	
-		
	Firm/Company	
	1321 Whittier 5to	
	Address	
	Inverness FL. 34450 City/State and Zip Code	
•	City/State and Zip Code	
_	E-mail address: (to be used for future annual report notification)	
For furt	E-mail address: (to be used for future annual report notification)  The information concerning this matter, please call:  Thristopher Carter  Name of Person  Area Code & Daytime Telephone Number 232  Area Code & Daytime Telephone Number 232	
	The information concerning this matter, please can.	1
	Christopher Carter at 352 257-5400 Area Code & Daytime Telephone Number 5	
	Name of Person Area Code & Daytime Telephone Number	C
	ad is a check for the following amount:	
<b>□</b> \$125.0	O Filing Fee U\$130.00 Filing Fee & U\$155.00 Filing Fee & U\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
Group 301, LLC (Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Fruerness Fl- 34450	1321 whittier St.  Inverness, FL- 34450
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the r	registered agent are:
	Carter R R T
1321 Whittier	dress (P.O. Box NOT acceptable)  FL 3 4450  ate, and Zip
	dress (P.O. Box NOT acceptable)
Inverness	FL 34450 S S ate, and Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as registered.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with agistered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	

(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 Member	Name and Address:
MGR	Christopher Carter 1321 Whittier St.  Inverness, Fl. 34450
·	
	TARDAHA
	SSEE TORING
•	₽.
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)	date of filing: (OPTIO
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	date of filing: (OPTIO
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under 1 am aware that any false inform	date of filing: (OPTIO be specific and cannot be more than five busings of the cartest o

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)