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DIVISION OF CORPORATIONS 2013 JAN 30 AM II: 01
C. LEWIS JAN 3 1 2013 EXAMINER

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(850) 245-605 i *	-	ан. С	#30 -	18*	.e.s.		
		· (COVER	LETT	ER "	·.	•••• "
TO: Registratio	n Section Corporation	ns					

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John F. Demo Name of Person
Back Wine Consulting Group, LLC.
5742 Brighten Share Dave
5243 Brighton Shore Drive Address
Apollo Beach, FL 33572
City/State and Zip Code
i-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:



Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\$130.00 Filing Fee \$\$155.00 Filing Fee \$\$\$160.00 Filing Fee, Certificate of Status \$\$160.00 Filing Fee, Certificate of Status \$\$ (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 - 2- -

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Back Nine Consulting Group, LLC. (Must end with the words "Limited Liabity Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

-13 Brichton Shore Drive Dollo Beach, FL 33572

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

John F. Demo Name 5243 Brighton Share Drive Florida street address (P.O. Box NOT acceptable)

Apollo Beach FL 33572 City, State, 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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managi The name and address of each Manager of	ng Member(s): or Managing Member is as follo	FILE SECRETARY WAISION OF CO	D Of STATE REPEALION
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2013 JAN 30	AM 11: 01
MGKM	John F. Demo 5243 Brightur Apollo Beach, FL	Shore Dr 33(72	we
Mokm	Michelle L. Dem 5243 Brighton Apollo Beach, FL	Shar D 33572	rive
(Use attachment if necessary)			

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:
Signature of a member or an authorized representative of a member.
(In accordance with section 698.408(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.)
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)

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