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2013 SEP 20 PH 12: 3U SEURETAINY OF JAMES TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 2 3 2013

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations** Matthew Capital Group, LLC 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: Janet L. Matthew Name of Person Matthew Capital Group, LLC Firm/Company 2114 Park Crescent Drive Land O Lakes, Florida 34639 City/State and Zip Code 16ilmatthew@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janet L. Matthew Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$160.00 Filing Fee. □\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Matthew Capital Group, LLC				
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the	principal office of the Limited L	iability Co	ompan	/ is:
Principal Office Address:	Mailing Address:			
2114 Park Crescent Drive, Land O Lakes, Florida 34639	2114 Park Crescent Drive, Land O Lakes,	Florida 34639		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an indi-	vidual or anot	her	
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	istered Agent. You must designate an indi-	vidual or anot	her	
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an indi-	vidual or anot	her	. w.u
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the Janet L. Matthew	istered Agent. You must designate an indi-	vidual or anot LECNETARY (2013 SEP 20	- bad
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the Janet L. Matthew Name 2114 Park Crescent Drive	istered Agent. You must designate an indi-	vidual or anot LECNETARY (2013 SEP 20	
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the Janet L. Matthew Name 2114 Park Crescent Drive	e registered agent are: ddress (P.O. Box NOT acceptable)	vidual or anot	her	

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..

Register d Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCD	law at 1. Manthau.
MGR	Janet L. Matthew 2114 Park Crescent Drive
	Land O Lakes. Florida 34639
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(Use attachment if necessary)	<u> </u>
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CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	te date of filing: (OPTI
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a month of the effective of the effective date of the effective da	ne date of filing: (OPTION of the specific and cannot be more than five but the specific and cannot be more than the s
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