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(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	_
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
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13 DEC -9 PM 1:46 SECRETARY OF STATE

AND

C. LEWIS

DEC 1 0 2013

EXAMINER

(850) 245-6051.

COVER LETTER

- W		·#	•
TO: Registrat	ion Section of Corporations	•	×
SUBJECT: Fig	ckett Group LLC		
SUBSECT.		ted Liability Company	
The enclosed Artic	eles of Organization and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this mat	tter to the following:	
Jessi	ca Fickett		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
Mirag	ge Mfg		
		Firm/Company	
3001	NE 20th way		
		Address	
Gain	esville/Florida 3	2609	
		ity/State and Zip Code	
jjficke	tt@gmail.com		
	E-mail address: (to be used	for future annual report notification)	
For further informa	ation concerning this matter, pleas	e call:	
Jessica	Fickett	₃₇ 352 \ 514 09	963
1	Name of Person	Area Code & Daytime Telep	phone Number
Enclosed is a che	eck for the following amount:		
■\$125.00 Filing l	Fee \$\square\$\$\$\$\$130.00 Filing Fee & Certificate of Status	□\$155.00 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

Fickett Group LLC			
(Must end with th	ne words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stree	et address of the principal office of the Limite	d Liability Company is:	
Principal Office Address:	Mailing Address:		
300¶ NE 20th way	3001 NE 20th way		
Gainesville, FL	Gainesville, FL		
32609	32609		
business entity with an active Florida	registration.)		
	eet address of the registered agent are:	13 DE SECR TALLA	
The name and the Florida stre	• •	DEC CRE LAH	_
	Name 20th way	DEC -9 PA CRETARY OF LAHASSEE.	-
Jessica Fig	Ckett	DEC -9 PM CRETARY OF LAHASSEELF	1
Jessica Fig	Name 20th way Florida street address (P.O. Box <u>NOT</u> acceptable	DEC -9 PM 1:4 CRETARY OF STAT LAHASSEELFLORI	1
Jessica Fid	Name 20th way Florida street address (P.O. Box <u>NOT</u> acceptable	DEC -9 PH 1: CRETARY OF STULAHASSEELFLO	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

APPROVED AND FILED

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

The name and address of each Manager or Managing Member is as follows: 13 DEC -9 PM 1: 46

ca Fickett NE 20th way sville, FL 32609	
sville, FL 32609	
	 _
	
	<u> </u>
ing: 1/1/2014 .((ΊΡΤΙΛΝΙΑΙ
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REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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

Jessica Fickett

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)