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COVER LETTER

TO: Registration Section Division of Corporations Southern Management Group 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: James D. Saunders Name of Person Southern Management Group Firm/Company 135 Parliament Court Address North Hutchinson Island, Florida 34949 City/State and Zip Code jds19444@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jim Saunders Name of Person Enclosed is a check for the following amount: \$130.00 Filing Fee & \$125.00 Filing Fee \$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status Certified Copy 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

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SECRETAGE DOES DATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ıe:
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The name of the Limited Liability Company is:

Southern Management Group (LLC)	SOUTHERN	MANAGEMENT	GROUP	FL ((LLC)
(Must en	d with the words "Limi	ted Liability Company, "L.L.C	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:	<u>Mailing</u>	Address:
135 Parliament Court		135 Parliament Court
North Hutchinson Island, Flonda 34949		North Hutchinson Island, Florida 34949
ARTICLE III - Registered Agent, Ro (The Limited Liability Company cannot another business entity with an active	ot serve as its own R	egistered Agent. You must designate an individual or
The name and the Florida street addres	s of the registered a	gent are:
James D. Saunders	i	
	Name	
135 Parliament Col	ırt	
Florida street	address (P.O. Box 1	IOT acceptable)
NORTH HUICE	ninson isiand	FL 34949
	City	Zip
the place designated in this certifica capacity. I further agree to comply w of my duties, and I am familiar with	nte, I hereby accept to the provisions of and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this call statutes relating to the proper and complete performance stations of my position as registered agent as provided for in r 605; F.S.
	(CONTINUE	D)

Page 1 of 2

SECRETARY OF STANK

Citie:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager wGR	James D. Saunders
	135 Parkament Court
	North Hutchinson Island, Florida 34949
	
V: Effective date, if other than the date of tive date is listed, the date must be spec-	of filing: January 12,2014 (OPTIONAL) cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	
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V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mem (In accordance with section 66 constitutes an affirmation under a management of a man	nber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document
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