Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000051882 3)))



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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. SOUTHERN GROUP INVESTMENTS, LLC

Certificate of Status	0
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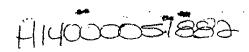
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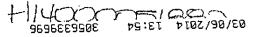


COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Cr. Southern Group Investments, LLC
SULL	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filling.
Please r	chun all correspondence concerning this matter to the following:
	Jorge Szmulewicz
	Name of Person
	Southern Group Investments, LLC
	Firm/Company
	18580 SW 44th Street
	Address
	Miramar, FL 33029
	City/State and Zip Code
	Jorge, Szmulewicz@med.ge.com E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
Jorg	ge Szmulewicz "954 432 0526
· · · · · · · · · · · · · · · · · · ·	Name of Person Area Code Daytime Telephone Number
Enclose	d 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 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
Talluhassee, FL 32301



850-617-6381

3/5/2014 9:53:55 AM PAGE 1/001 Fax Server



March 5, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORP USA

SUBJECT: SOUTHERN GROUP INVESTMENTS, LLC

REF: W14000013722

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The print is too small and blurry.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: B14000051882 Letter Number: 214A00004645

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14 MAR -6 PH 2: 19
SECNETARY OF STATE FALLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

2014 NAR -3 AN 9:

ARTICLE 1- Name: The name of the Limited Liability Company is: Southern Group Investments, LLC (Must end with the words "Limited Liability 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: Mulling Address: Masso SW 44m Street Miramar, Fl 33029 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

another business entity with an active Florida registration.)

Name

12401. Orange DR. Suite 1000

Florida street address (P.O. Box NOT acceptable)

LJAVIB FL 33330

City Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

llaving 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 605, F.S.

(Fishered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(If an e the date	LE V: Effective date, it other than the dat flective date is listed, the date must be specifing.) LE VI: Other provisions, if any.	e of filing: 00002014 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
	(Use attachment if necessary)	(OPTIONAL)
	company to any commission and definition of the state of	
	AHBR	NOEMI MABEL ROTA DE SZMULEWICZ 18580 SW 447H STREET MIRAMAR, FL 33028
	"AMBR" = Authorized Member "MGR" = ManagerMG &	JORGE SZMULEWICZ 18580 SW 44TH STREET MIRAMAR, FL 33029
	Title:	Name and Address:

JORGE SZMULEWICZ
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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