L14000046984

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SECRETARY OF STATE OF CORPORATIONS

MAR 21 2014 J. HARRIS

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	CT: FORWARD CO	MPATIBLE GROUP, LLC. Limited Liability Company
The enc	closed Articles of Organization and fee(s)	are submitted for filing.
Please r	return all correspondence concerning this	matter to the following:
	ROBIN	SIBUCAO Name of Person
	FORWARD C	OMPATIBLE GROUP, LLC. Firm/Company
	709 Gui	F WAY #10
		SBURGBEACH, FL 33706 City/State and Zip Code Abipod@aol.com (to be used for future annual report notification)
For furt	her information concerning this matter, pl	lease call:
_	Name of Person	(727) 267 - 6376 Area Code Daytime Telephone Number 95
\$125.00	d is a check for the following amount: Filing Fee \$\bigset\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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 Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2014

ROBIN SIBUCAO 709 GULF WAY STE 10 ST PETERSBURG BEACH, FL 33706

SUBJECT: FORWARD COMPATIBLE GROUP, L.L.C.

Ref. Number: W14000003825

SECRETARY OF STATE SECRETARY OF CORPORATIONS

14 MAR 21 PM 1: 05

We have received your document for FORWARD COMPATIBLE GROUP, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 13, 2014. Please amend your document accordingly.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6951.

JENNA D HARRIS
Regulatory Specialist II

Letter Number: 014A00001307

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΑI	₹T	Γ	Æ	Ĭ~	Ng	me:

The name of the Limited Liability Company is:

FORWARD COMPATIBLE GROUP, LLC.

(Must end with the words "Limited Liability Company "LLC." 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:

709	GULF ETERS B	WAY	#10	
51.	ETERS B	uRG.	BEACH	EL
			3 2	3706

709 GULF WAY #10 ST. PETERSBURG BEACH FL 33706

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:

Name

701 66th Ave 5.

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

ST. Petersburg fl 33705

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 bereby 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

Chapfer 603 F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 MAR 21 PM 1: 05

SECRETARY OF STATE OF STATE

The name and address of each person authorized	to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	ROBIN SIBUCAU TOI GGH AVE 5. ST. PETERSBURG, FL 33705
MGR_	MARK MATTHEWS 401 MONTEREY BLVD. NE ST. PETERS BURG. FL 33704
AMBR	VERONICA MATTHEWS 401 MONTEREY BLVD. NE ST. PETERSBURG, FL 33704
	DATE OF FUNG. (OPTIONAL) d cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
(In accordance with section 605.0203 constitutes an affirmation under the	an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State

Filing Fees:

ARK L. MATTHEWS

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)