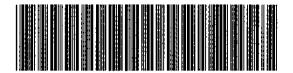
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DIVISION OF STREET AND HOLES

UN O 5 2014 J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: Debt Investment Group, L.L.C. 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:
Craig R. Lynd Name of Person
Kaufman, Englett, & Lynd, PLLC
III N. magnolia Ave Ste 1600
Orlando, FL 32801 City/State and Zip Code
Clynd @ kela Horneys. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Craig Lynd at (ACT) 513-1900 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Mailing Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an another business entity with an active Florida registration.)	individual or
The name and the Florida street address of the registered agent are:	
Craig R. Lynd	
Florida street address (P.O. Box NOT acceptable)	
Orlando FL 32801 City Zip	
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all statutes relating to the proper and conformy duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S	gree to act in this nplete performance
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	DIVISIONE THE TUNE
Page 1 of 2	

The name and address of each person authorized to	o manage and control the Limited Liability Company:		
"AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager <u>AMBス</u>	Craig Lynd III N. Maggolia Ave #1600 Orlando FL 32801		
AMBR	Stephanie Englett 10521 Down Laxeview Cyrcle Windermere, FL 347810		
AMBR	Julie Kaufman 10149 Foxfield Ct. Windermere, FL 34786		
 			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and he date of filing.)	. (OPTIONAL) cannot be more than five business days prior to or 90	days a	ıfter
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	320		
(In accordance with section 605.0203 (I constitutes an affirmation under the pena	an authorized representative of a member.) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. hmitted in a document to the Department of State ided for in s.817.155, F.S.)	ئ ند	모
<u>Craig Lyr</u>	or printed name of signee	IUL #	VISION

ARTICLE IV-

Page 2 of 2

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)