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COVER LETTER

TO:	Registration Section Division of Corporations	
SÜBJI	ECT: PFL Group, LLC, Name of	Limited Liability Company
The en	closed Articles of Organization and fee(s	s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the following:
	John Gardner Klumpp	Name of Person
		Firm/Company
	900 North Fedral Hwy, Suite 30	OAddress
	Boca Raton, FL 33432	City/State and Zip Code
_i <u>a</u>	klumpp@comcast.net E-mail address: (to be	used for future annual report notification)
For fur	ther information concerning this matter,	please call:
John l	Klumpp a Name of Person	Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:	
□ \$125.0	© Filing Fee ©\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$\begin{array}{c} \lefta \\$155.00 \text{ Filing Fee,} \\ \text{Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)} \end{array}\$
	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

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
PFL Group, LLC. (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:	
Principal Office Address:	lailing Address:	
900 North Federal Hwy, Suite 300	ohn Klumpp 00 North Federal Hwy, Suite 300 oca Raton, FL 33432	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)		uai or
The name and the Florida street address of the registered agen	it are:	1
John G. Klumpp		
Name		23
900 North Federal Hwy, Suite 300		and factorial
Florida street address (P.O. Box NO)	$\underline{\Gamma}$ acceptable) $\qquad \qquad \qquad = \frac{-\tau_1}{\Gamma} \frac{\tau_1}{\epsilon r^2}$	
Boca Raton	FL 33432 92	
City	Zip Din	ហ៊
Having been named as registered agent and to accept service of the place designated in this certificate, I hereby accept the accapacity. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the obligation Chapter 60 Registered Agent's Signature (appointment as registered agent and agree to statutes relating to the proper and complete pons of my position as registered agent as prov 15, F.S	act in this performance

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Memb	er
MGR" = Manager	
President	John G. Klumpp
	900 North Federal Hwy, Suite 300
	Boca Raton, FL 33432
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ARTICLE IV-