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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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OCT 20 2014 J. HARRIS

COVER LETTER

Division of Corporations	•
SUBJECT: <u>CASEY GROUP ENTERPRISES LL</u> Name of Limite	C
The enclosed Articles of Organization and fee(s) are st	abmitted for filing.
Please return all correspondence concerning this matte	r to the following:
	<i>,</i>
JAMES G. CASEY	Vame of Person
	name of Person
CASEY GROUP ENTERPRISES LLC	
	Firm/Company
805 DEER HOLLOW DR	Address
	1 844 950
MOUNT AIRY, MD 21771	
City	State and Zip Code
JCASEY9393@GMAIL.COM E-mail address: (to be used for	or filture appears report notification)
E-man address. (10 be used it	i tuture automi report noutrication)
For further information concerning this matter, please	call:
(4)(50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\
JAMES G. CASEY at (30° Name of Person A	rea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	S155.00 Filing Fee & Certified Copy additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
·	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CASEY GROUP ENTERPRISES 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	e Limited Liability Company is:
Principal Office Address: Maili	ng Address:
	DEER HOLLOW DR NT AIRY, MD 21771
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent are the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of t	ed Agent. You must designate an individual or
JOY HOBBS Name	
335 S.R. 436. SUITE 127	•
Florida street address (P.O. Box NOT ac	ceptable)
CASSELBERRY FL	32730
City	Zip
Having been named as registered agent and to accept service of p the place designated in this certificate, I hereby accept the app capacity. I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the obligations Chapter 605, I	ointment as registered agent and agree to act in this tutes relating to the proper and complete performance of my position as registered agent as provided for in S.S

(CONTINUED)

Page 1 of 2

MAINTER OF CONFORMINAME

<u>Title:</u> "AMBR" = Authorized Memb	Name and Address:
	NG1
MGR" = Manager	IAMES C. CASEV
<u>.MBR</u>	JAMES G. CASEY 805 DEER HOLLOW DR
	MOUNT AIRY, MD 21771
•	
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Jse attachment if necessary)	
tive date is listed, the date	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or
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Page 2 of 2