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JAN 20 2015 R. WHITE

COVER LETTER

;		egistration Section vision of Corporations
	SUBJECT	Name of Limited Liability Company
	The enclose	ed Articles of Organization and fee(s) are submitted for filing.
	Please retur	n all correspondence concerning this matter to the following:
		Keith Clutcher Name of Person
		Name of Person
		Front Street Management Group, LLC Firm/Company
		4735 NW 5319 Avenue, Swite B
		Gainesuille, FL 37653 City/State and Zip Code
	<i>k</i>	CRUTCHER 45340 9moil. com E-mail address: (to be used for future annual report notification)
	For further	information concerning this matter, please call:
	Keit	Name of Person Area Code Daytime Telephone Number
	Enclosed is	a check for the following amount:
] \$ 125.00 Fil	Sing Fee \$\begin{align*} \$\\$130.00\$ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \end{align*} \$\\$160.00\$ Filing Fee, Certificate of Status & 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

JAN -8 PH 4:00 15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

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Front	Street	Manao	ement	Group	, LLC
(M	lust end with the	words "Limite	d Liability Compa	any,"L.L.C.,"	бr "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

4735 NW 53 - Avenue	Same
4735 NW 531 Avenue Suite B Gainesville, PL 32653	
' ARTICLE III - Registered Agent, Registered Offic	wn Registered Agent. You must designate an individual or
The name and the Florida street address of the registe	ered agent are:

Name

Name

Name

No Front Street Commercial Real Estate Group

4735 NW 534 Ave, Suite B

Florida street address (P.O. Box NOT acceptable) Gainesuille FL 32653
City Zip

Mailing Address:

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 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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**MGR" = Manager	MGR" = Manager MGR" = Manager Heith Clutcher 4735 Nul 5319 Ave, Swite 1 Gaines wille, FL 32653 Nicholas Banks 4735 Nw 5319 Ave, Swite 6 Gaines wille, FL 32653 V: Effective date, if other than the date of filing: Live date is listed, the date must be specific and cannot be more than five business days prior to or
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