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(Re	equestor's Name)	,
(Ad	dress)	<u> </u>
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

1 O: Registration Section Division of Corporations
SafeHarbor Group, LLC
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:
ORMAND EDWARD HUNTER, JR.
Name of Person
Firm/Company
116 Lakewood Drive
Address
Thomasville, Georgia. 31792
City/State and Zip Code info@safeharbor-group.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ormand Hunter 229 224-8636
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{Certificate of Status}\$\$ 130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATIO	ON FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
SafeHarbor Group, LLC	
	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
116 Lakewood Drive	116 Lakewood Drive
Thomasville, GA. 31792	Thomasville, GA. 31792
(The Limited Liability Company cannot serve as another business entity with an active Florida report The name and the Florida street address of the re	
REGISTEREI	ED AGENTS INC.
	Name
3030 N. Rocky Point I	Dr. STE 150A
	P.O. Box NOT acceptable)
ı amp	DI 22607
City	Oa FL 33607 Zip
the place designated in this certificate, I herel capacity. I further agree to comply with the pro of my duties, and I am familiar with and accept	by accept service of process for the above stated limited liability company by accept the appointment as registered agent and agree to act in this ovisions of all statutes relating to the proper and complete performance pt the obligations of my position as registered agent as provided for in Chapter 605, F.S Bill Havre - President L's Signature (REQUIRED)
(CO	ONTINUED)
P	Page 1002 Page 1002

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<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Membe	r
MGR" = Manager	
MBR	ORMAND EDWARD HUNTER, JR.
	116 Lakewood Drive
	Thomasville, Georgia. 31792
AMBR	RACHEL HUNTER
	116 Lakewood Drive
	Thomasville, Georgia, 31792
V: Effective date, if other than	the date of filing: (OPTIONAL)
V: Effective date, if other than tive date is listed, the date me	o the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than ctive date is listed, the date must filling.)	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90
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Use attachment if necessary) E.V: Effective date, if other that crive date is listed, the date me filling.) E.VI: Other provisions, if any.	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90
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CV: Effective date, if other than effive date is listed, the date met filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affire	e of a member or an authorized representative of a member. section 603.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true.
CV: Effective date, if other than effive date is listed, the date me filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that an	ast be specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than effive date is listed, the date met filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affire I am aware that an constitutes a third	e of a member or an authorized representative of a member. I section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true, y false information submitted in a document to the Department of State
EV: Effective date, if other than crive date is listed, the date ment filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affir I am aware that an constitutes a third	e of a member or an authorized representative of a member. I section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. It is information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)

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