

L15 000 116 884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/15--01040--019 **160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL -6 AM 10:56

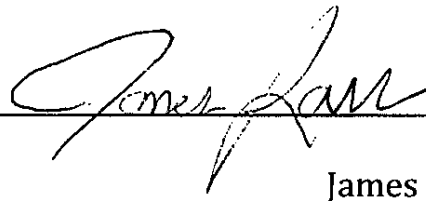
7-14-15-2

James P Ross
6182 Goleta Cir
Viera, FL 32940
301-751-7885

Enclosed you will find Articles of Organization for The Ross Group, LLC.
Enclosed is a check for 160\$ to cover the filing fee, the certified copy,
and a certificate of status.

Thank you for your time and attention to this matter.

Thank you,



James Ross

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ~~The Ross Group, LLC~~ TRG Consultants, 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:

James Ross

Name of Person

~~The Ross Group, LLC~~

TRG Consultants, LLC

Firm/Company

6182 Goleta Cir

Address

Viera, FL 32940

City/State and Zip Code

jpross07@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Ross

301

751-7885

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$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 Address

Registration Section
Division of Corporations
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:

~~The Ross Group, LLC~~

TRG Consultants, 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 Limited Liability Company is:

Principal Office Address:

6182 Goleta Cir
Viera, FL 32940

Mailing Address:

6182 Goleta Cir
Viera, FL 32940

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

James Ross

Name

6182 Goleta Cir

Florida street address (P.O. Box **NOT** acceptable)

Viera

FL

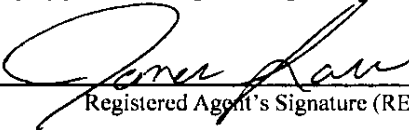
32940

City

State

Zip

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)

FILED
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TALLAHASSEE, FLORIDA
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

James Ross

6182 Goleta Cir

Viera, Fl 32940

AMBR

Megan Short

6182 Goleta Cir

Viera, Fl 32940

(Use attachment if necessary)

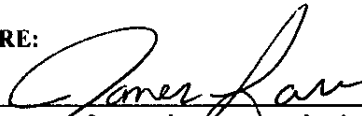
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

James Ross

Typed or printed name of signee

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)



RECEIVED JUL - 6 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2015

JAMES ROSS
6182 GOLETA CIR
VIERA, FL 32940

SUBJECT: THE ROSS GROUP INC
Ref. Number: W15000042310

We have received your document for THE ROSS GROUP INC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 115A00012846