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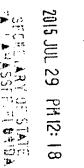
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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JUL 3 1 2014 C. CARROTHERS

COVER LETTER *

TO: Registration Section Division of Corporations
SUBJECT: Perez 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:
CARIOS PEREZ Name of Person
Perez GROVP LLC Firm/Company
1652 Georgetowne blvD Address
CARLOSA PEREZ FL & GMAIL COM
City/State and Zip Code CARIOS A PEREZ FL W GMAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARIOS PEREZ at (941) 539-6885 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE 1 Nomes

The name of the Limited Liability Compa	any is:			
(Must end with the	QQZ G words "Limited Lial	- ROUP bility Company, "L.L	LLC .C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office	of the Limited Liabi	lity Company is:	
Principal Office			Mailing Address:	
1657 GEORGE SARASOTA FL	owne by	D 1657 SAR	Georgetow, asoth FL 39	NG PIND
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot s another business entity with an active Flo	erve as its own Reg			ıl or
The name and the Florida street address	of the registered age	nt are:		
	CARIOS	Perez me 26etowne		
		26etowne O. Box NOT accepta		
5	ARAZOTA	FL	34232	
	City	FL 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)

Page 1 of 2

Title: "AMBR" = Au "MGR" = Mar	uthorized Member nager	Name and Address:
MANA	ger(MGR)	CARIOS PEREZ 2704 GAlleon Place
AMBR	·	ARMANDO PEREZ 1652 GEORGE TOWNE GIVD SARASOTA FL 34232
EV: Effective		f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 (
EV: Effective ctive date is liffiling.) the date insertenent's effective	date, if other than the date o	eific and cannot be more than five business days prior to or 90 elect the applicable statutory filing requirements, this date will not
E V: Effective ctive date is lifting.) the date insertment's effective VI: Other pro	date, if other than the date o isted, the date must be spec ed in this block does not me e date on the Department of	eific and cannot be more than five business days prior to or 90 elect the applicable statutory filing requirements, this date will not
E V: Effective ective date is liffiling.) the date insertement's effective E VI: Other pro-	e date, if other than the date of isted, the date must be specified in this block does not me date on the Department of ovisions, if any. Signature of a men This document is executed I am aware that any false it constitutes a third degree if	refic and cannot be more than five business days prior to or 90 deet the applicable statutory filing requirements, this date will not if State's records. The prior an authorized representative of a member and accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
E V: Effective date is liffiling.) the date insertent's effective E VI: Other pro	e date, if other than the date of isted, the date must be specified in this block does not me date on the Department of ovisions, if any. Signature of a men This document is executed I am aware that any false it constitutes a third degree if	et the applicable statutory filing requirements, this date will not a State's records. State's records. There is an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State

Page 2 of 2