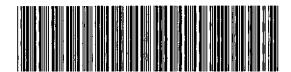
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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1015 AUG 24 AH 10: 03 SECRETARY OF STATE ALLAHAS SEF FINANCE

AUG 3 1 2015

COVER LETTER

TO:	Registration Section Division of Corporations	**
SUBJEC	Ardent Business Group, LLC	
SOBJEC		Liability Company
The encl	closed Articles of Organization and fee(s) are sub-	nitted for filing.
Please re	return all correspondence concerning this matter to	o the following:
	Christopher A Condon	
	Na	me of Person
	Ardent Business Group, LLC	
	Fi	rm/Company
	275 Flores Way	
		Address
	Saint Johns, FL 32259	
	•	ate and Zip Code
	ccondon@bellsouth.net E-mail address: (to be used for for	uture annual report notification)
For further	er information concerning this matter, please call:	·
	Christopher A Condon 904	874-2667
	at (at C	ode Daytime Telephone Number
Enclosed	ed is a check for the following amount:	
	0 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy ditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLESO	PORGALIZATION FOR	I LORIDA LAIV	III ED IZADEZI I COMI AIV	
ARTICLE I - Name:	'			201
The name of the Limited Liabili	ity Company is:			*UIS AUC .
	• •			2015 AUG 24 AM 10: 03 VALLAHASSEE, FLORIDA
Andrea Desirence Co	110		,	ALLANETAR "17 10: 02
Ardent Business Gre		d Liebilie . Co.	mpany, "L.L.C.," or "LLC.")	TAHA BUT OF ST
(Must end	with the words "Limited	d Liability Co	npany, "L.L.C.," or "LLC.")	E. FLORIE
ARTICLE II - Address:				***// _{*A}
The mailing address and street a	ddress of the principal	office of the Li	mited Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Ad	dress:
275 Flores Way			275 Flores Way	
Saint Johns, FL 322	259		Saint Johns, FL 32259	
·				
ARTICLE III - Registered Ag				
(The Limited Liability Company			gent. You must designate an	individual or
another business entity with an	active Florida registration	on.)		
The many and the Florida stood		4		
The name and the Florida street	address of the registered	d agent are:		
	Christopher A Cond	lon		
		Name		
	275 Flores Way			
	Florida street addres	ss (P.O. Box <u>N</u>	OT acceptable)	
	Saint Johns	FL	32259	
	City	State	Zip	
	Olly	State	Ζip	
Having been named as registered	agent and to accept serv	vice of process	for the above stated limited lie	ability company at the
place designated in this certificate				
further agree to comply with the p	rovisions of all statutes r	elating to the p	proper and complete performe	ance of my duties, and I
am familiar with and accept the or				
		1		
		17		_
	/ / Regist	tered Agent's !	Signature (REQUIRED)	
	18/15			
	1/	CONTINI	IED)	
	1/	(CONTINU	(CD)	

Page 1 of 2

'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager MGR	Christopher A Condon
WOK	275 Flores Way
	Saint Johns, FL 32259
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be sp f filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) the date inserted in this block does not be determined in the Department.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) the date inserted in this block does not be determined in the Department.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of spin	meet the applicable statutory filing requirements, this date will not of State's records. Meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. Signature of a many of this document is executed to the control of th	meet the applicable statutory filing requirements, this date will not of State's records. ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, if other than the date ctive date is listed, the date must be specifically be date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. Signature of a manual content of a manual content is second and any fals	meet the applicable statutory filing requirements, this date will not of State's records. Meet the applicable statutory filing requirements, this date will not of State's records.
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