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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: ORNSTEIN-SCHULER CAPITAL PARTNERS,

Account Number : I20150000079 Phone

: (678)904-9956

Fax Number

: (678)904-9402

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Coatel Coscene

DEC 23

FLORIDA LIMITED LIABILITY CO. Orange Stone Group LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

Help

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	Orange Stone Group LLC		
SUBJE		Limited Liabil	ty Company
The enci	osed Articles of Organization and fee(s	s) are submitted	for filing.
Please re	eturn all correspondence concerning this	s matter to the f	ollowing:
	Mutthew S. Kaynard		
		Name of	Person
		Firm/Co	прапу
	5337 N. Socrum Loop Rd., #304		
		Addro	ess
	Lakeland, Florida 33809		
	mattk@oscp.nct	City/State and	1 Zip Code
,	E-mail address: (to be u	sed for future a	nnual report notification)
For furthe	r information concerning this matter, pl	case call:	
	Reshma Patel	678 (904-9956
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
	Filing Fee S130.00 Filing Fee & Certificate of Status	LICcrtific	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	!	Street Address New Filing Section Division of Corporations Clifton Huilding 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITIZO LIABILITY COMPANY
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ARTICLE I - Name	2	m	п	N	-	I	Æ	71	ĸ	T	л	Α
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The name of the Limited Liability Company is:

Orange Stone Group 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:

Mailing Address:

5337 N. Socrum Loop Rd., #304 Lakeland, Florida 33809

5337 N. Socrum Loop Rd., #304 Lakeland, Florida 33809

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;

NRAl Services, Inc.

Name

1200 South Pine Island Road

City

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

Plantation

Florida State

Zip

33324

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. Thereby accept the appointment as registured 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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

d Agent's Signature (REQUIRED)

ASST Sec to NRA1

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	,
"MGR" = Manager	
MCR	GH Manager LLC
	4355 Cobb Parkway, Suite J 555
	Atlanta, Georiga 30339
of filing.)	e specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ective date is listed, the date must be of filling.)	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
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Page 2 of 2