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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APPROVED
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16 APR -4 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Seminole Property Investment 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:

Wayne B. Langston

Name of Person

Seminole Property Investment Group, LLC

Firm/Company

22 Deer Pass

Address

Havana, Florida 32333

City/State and Zip Code

WBLangston82@gmail.com

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

For further information concerning this matter, please call:

<u>Ruth Langston</u>	<u>850</u>	<u>570-3060</u>
<u>Name of Person</u>	<u>at ()</u>	<u>Area Code Daytime Telephone Number</u>

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

Seminole Property Investment Group, LLC

EIN # 81-2071401

(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:

Bronson Bryan Robinson

Joseph Hertz, Jr.

Ruth A. Langston

Mailing Address:

24176 Lanier St., Tallahassee, FL 32310

481 Woodville Hwy, Crawfordville, FL 3231

22 Deer Pass, Havana, FL 32333

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:

Wayne B. Langston

Name

22 Deer Pass

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

Havana

FL

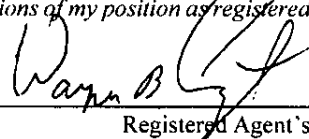
32333

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Bronson Bryan Robinson

24176 Lanier St.,

Tallahassee, Florida 32310

AMBR

Joseph Hertz, Jr.

481 Woodville Highway

Crawfordville, FL 32327

MGR

Ruth A. Langston

22 Deer Pass

Havana, FL 32333

MGR

Wayne B. Langston

22 Deer Pass

Havana, FL 32333

(Use attachment if necessary)

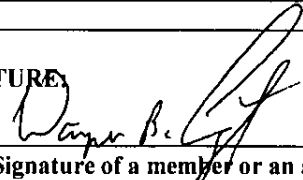
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Wayne B. Langston

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR -4 PM 3:35

APPROVED
AND
FILED