## L/6000) 1444

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

APR 1 3 2016 T. SCOTT



700284211657

04/08/16--01019--012 \*\*130.00

16 APR -8 PH 1: 20

SECRETARY OF STATE
SECRETARY OF

## COVER LETTER

	Registration Section Division of Corporations		
elib iec	THE PROVENANCE GROUP	, LLC	
SUBJEC		of Limited Liab	ility Company
The encle	osed Articles of Organization and fee	e(s) are submitte	ed for filing.
Please re	turn all correspondence concerning t	his matter to the	e following:
	WILLIE LEMONS JR		
	and the second s	Name	of Person
		Firm/C	Company
	11514 BUTTON BAY PLACE		
		Ad	dress
	GIBSONTON, FL 33534		
	willielemonsjr@msn.com	City/State	and Zip Code
	E-mail address: (to b	e used for future	annual report notification)
For further	r information concerning this matter,	please call:	
	WILLIE LEMONS JR	404 at (	667-5026
	Name of Person	_ \	Daytime Telephone Number
Enclosed	is a check for the following amount	.;	
\$125.00	Filing Fee \$130.00 Filing Fe Certificate of State	tus LLCert	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	IANCE GROUP, LLC		
(Mus	st end with the words "Limited Liab	ity Company, "L.L.C.," or "LLC.")	
RTICLE II - Address: e mailing address and st	treet address of the principal office of	the Limited Liability Company is:	
<u>P</u> :	rincipal Office Address:	Mailing Add	ress:
HELADITTO	N BAY PLACE	SAME	
GIBSONTON.  RTICLE III - Registere the Limited Liability Country with the	FL 33534 ed Agent, Registered Office, & Re	ered Agent. You must designate an in	dividual or
GIBSONTON.  RTICLE III - Registere the Limited Liability Coto ther business entity with the state of the stat	ed Agent, Registered Office, & Rempany cannot serve as its own Regist than active Florida registration.)  street address of the registered agen  WILLIE LEMONS JR	ered Agent. You must designate an in	dividual or
GIBSONTON.  RTICLE III - Registere the Limited Liability Country with the	ed Agent, Registered Office, & Rempany cannot serve as its own Regist than active Florida registration.)  street address of the registered agen  WILLIE LEMONS JR  Nan	ered Agent. You must designate an in	dividual or
GIBSONTON.  RTICLE III - Registere the Limited Liability Countries business entity with the control of the cont	ed Agent, Registered Office, & Rempany cannot serve as its own Regist than active Florida registration.)  street address of the registered agen  WILLIE LEMONS JR  Nan  11514 BUTTON BAY PL	ered Agent. You must designate an in are:	dividual or
GIBSONTON.  RTICLE III - Registere the Limited Liability Coto ther business entity with the state of the stat	ed Agent, Registered Office, & Rempany cannot serve as its own Regist than active Florida registration.)  street address of the registered agen  WILLIE LEMONS JR  Nan	ered Agent. You must designate an in are:	dividual or

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ONISION OF CHART

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	THE LEVONE
MGR	WILLIE LEMONS 11514 BUTTON BAY PLACE
	GIBSONTON, FL 33534
	GIBSONTON, PL 33334
EV: Effective date, if other than the	e date of filing:
ctive date is listed, the date must f filing.)	be specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no ment of State's records.
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI; Other provisions, if any.  REQUIRED SIGNATURE:	he specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no ment of State's records.
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI; Other provisions, if any.  REOUIRED SIGNATURE:  Signature of This document is I am aware that an	be specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no ment of State's records.
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI; Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an constitutes a third	not meet the applicable statutory filing requirements, this date will not ment of State's records.  If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Florida Statutes y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI; Other provisions, if any.  REOUIRED SIGNATURE:  Signature of This document is I am aware that an	not meet the applicable statutory filing requirements, this date will not ment of State's records.  If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Florida Statutes y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI; Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an constitutes a third	he specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will not ment of State's records.  f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Florida Statutes y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

Page 2 of 2