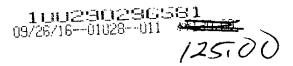
## L1600179334

1		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





100290296581



16 SEP 26 AM 9: 51 SECAL NATURE STATE TAIL TAHASSEE FLORIDA

1 11/2

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Investment Resource Gronp, 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:
Leigh Anna Hunt Name of Person
Investment lesource Grond, LLC Firm/Company
5086 Bright Crality Un
Greenacos, FL 33463 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S130.00 Filing Fee Status S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$155.00 Filing Fee Status S160.00 Filing Fee, 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

	DT		T2 1		. t _	
٠.	RT	IV.L	LI	- 1	٦X	me:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company,

## **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5086 Bright Crality Un Grownieres, FL 33463	5086 Bright Goldy Ln Freenaires + 133443
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:    Leight   Name   Name	na Hunt SSEE 3
Florida street address (P.O. Box City State	FL 33463

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..

(CONTINUED)

ed Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Leigh Anna Hunt 50% Bright Galaxy Lane Gregorings, FL 37463
mak	Tim Hund 50% Bright Cralory LN Greangeroof FL 33063
fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL)  ecific and cannot be more than five business days prior to or 90 d  neet the applicable statutory filing requirements, this date will not b
LE V: Effective date, if other than the date fective date is listed, the date must be spoof filing.)	ecific and cannot be more than five business days prior to or 90 d neet the applicable statutory filing requirements, this date will not b
LE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) If the date inserted in this block does not nument's effective date on the Department LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 d neet the applicable statutory filing requirements, this date will not b
LE V: Effective date, if other than the date fective date is listed, the date must be specifiling.)  If the date inserted in this block does not nument's effective date on the Department  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a method of the department is executed am aware that any false.	neet the applicable statutory filing requirements, this date will not be of State's records.  The property of a member of a member of an authorized representative of a member.  The property of a member of statutes of a member of statutes of a member of statutes of a member of statutes.
LE V: Effective date, if other than the date fective date is listed, the date must be specifiling.)  If the date inserted in this block does not nument's effective date on the Department  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a method of the department is executed am aware that any false.	meet the applicable statutory filing requirements, this date will not be of State's records.  The most of a member or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes.

ARTICLE IV-