Florida Department of Amount of Amou

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000237222 3)))



H160002372223ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:	Division of Co Fax Number	orporations : (850)617-6381	IA:ss	1 6	
From:	Account Name Account Number Phone Fax Number	: LAZARUS CORPORATE FILING SERVI : 1200000000019 : (305)552-5973 : (305)675-5944	HASSEE,	SEP 28 AM	
**Enter t	the email addresual report mail	is for this business entity to be ings. Enter only one email address	used for fytures s please.		

FLORIDA LIMITED LIABILITY CO. FL GROUP MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

3RD REQUEST

Electronic Filing Menu

Corporate Filing Menu



D O'KEEFE

SEP 29 2016

LAZARUS

3052201440

9/28/2016 11:38:45 AM PAGE

1/001

Fax Server

September 28, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: FL GROUP MANAGEMENT, LLC

REF: W16000066740

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears that you have only listed the address for the registered agent. Please list the name of the registered agent in article III.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II New Filing Section FAX Aud. #: H16000237222 Letter Number: 616A00020841

> 16 SEP 28 AM 8: 55 SECRETAKT OF STATE

H16000237222

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

3052201440

The name of the Limited Liability Company is: (Must end with the words Liability Company,

FL Group Management, LLC

ARTICLE II - Address:

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

9485 SW 72 10 st # AZ65 MiAMI, Fl. 33173

<u> ARTICLE III - Registered Agent, Registered Office:</u>

The name and the Florida street address of the registered agent are: (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.)

9485 SW 7250 St # AZGS MIAMIJF1. 33173

FAUSTO RODRIGUEZ

The name and title of each person authorized to manage and control the Limited

Liability Company:

FAUSTO Rodriquez (AMBR) DiAnna L. Lawrence (AMBR)

Page 1 of 2

Required Signatures:

H16000237222

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

FAVSTO Rodriguez

Typed or printed name of signe

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)

16 SEP 28 AH 8: 55

Page 2 of 2