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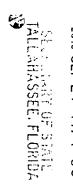
(Re	equestor's Name)	
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V HERRING SEP 2 9 2016

COVER LETTER

TO:	Registration Section Division of Corporations		•
CUDIE	Matira Group, LLC		
SUBJE		Limited Liabili	ty Company
The enc	losed Articles of Organization and fee(s) are submitted	for filing.
Please n	eturn all correspondence concerning this	s matter to the f	ollowing:
	Susan Moseley		
		Name of	Person
	Matira Group, LLC		
		Firm/Co	mpany
	21350 Sonesta Way		
		Addr	ess
	Boca Raton, FL 33433		
	matiragroup@live.com	City/State and	d Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For further	er information concerning this matter, pl	ease call:	
	561	235	0660
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
\$125.00	S130.00 Filing Fee & Certificate of Status	LCertific	0 Filing Fee & S160.00 Filing Fee, ced Copy al copy is enclosed) 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 Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	ty Company is:			EU ce
	, ,			FILED
Matira Group, LLC				2016 SEP 27 PM 1: 00
(Must end	with the words "Limited	I Liability Company	, "L.L.C.," or "LLC.")	St. M. Harris M. Crise
ARTICLE II - Address: The mailing address and street ad	ddress of the principal c	office of the Limited	Liability Company is:	TALLAHASSEE, FLORIDA
<u>Princip</u>	al Office Address:		Mailing Addr	ess:
21350 Sonesta Way		213:	50 Sonesta Way	
Boca Raton, FL 3343	53	Boc	a Raton, FL 33433	
The name and the Florida street a	Susan Moseley	i agent are:		
	Susan Moseley			
		Name		
	21350 Sonesta Way			
	Florida street addres	s (P.O. Box NOT a	cceptable)	
	Boca Raton	FL	33433	
	City	State	Zip	
laving been named as registered of lace designated in this certificate, urther agree to comply with the pr m familiar with and accept the ob	I hereby accept the approvisions of all statutes rolligations of my position	ointment as register elating to the proper	ed agent and agree to act is and complete performance as provided for in Chapter	in this capacity. I ce of my duties, and I
		(CONTINUED)		
		Page 1 of 2		

Title: "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager MGR	Susan Moseley
	
(Lise attachment if necessary)	
(Use attachment if necessary) CLE V: Effective date, if other that	n the date of filing: (OPTIONAL)
CLE V: Effective date, if other that effective date is listed, the date is lefted, the date is listed, the date in this block.	loes not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other that effective date is listed, the date is left of filing.) If the date inserted in this block cument's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 day loes not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other that effective date is listed, the date is left of filing.) If the date inserted in this block cument's effective date on the Decle VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 day loes not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other that effective date is listed, the date is left of filing.) If the date inserted in this block cument's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 day loes not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other that effective date is listed, the date in the of filing.) If the date inserted in this block cument's effective date on the Decard CLE VI: Other provisions, if any. REOUIRED SIGNATURE:	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records. Let of a member or an authorized representative of a member.
CLE V: Effective date, if other that effective date is listed, the date is to of filing.) If the date inserted in this block accument's effective date on the Decard CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This documen I am aware that	to specific and cannot be more than five business days prior to or 90 days ones not meet the applicable statutory filing requirements, this date will not be partment of State's records. The of a member or an authorized representative of a member is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other that effective date is listed, the date is let of filing.) If the date inserted in this block cument's effective date on the Decard of th	to specific and cannot be more than five business days prior to or 90 days one of the applicable statutory filing requirements, this date will not be coartment of State's records. The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It is any false information submitted in a document to the Department of State any false information submitted in s.817.155, F.S.
CLE V: Effective date, if other that effective date is listed, the date in the of filing.) If the date inserted in this block is cument's effective date on the Decard CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This documen I am aware that	to specific and cannot be more than five business days prior to or 90 days ones not meet the applicable statutory filing requirements, this date will not be coartment of State's records. The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes.