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SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Lewis Group Charlotte, 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:
Sally Lewis Name of Person
Lewis Group Charlotte, LLC.
55 Sabal Drive
Punta Gorda, FL 33950 City/State and Zip Code Sally Sells @ Com 108+, net E-mail address: (to be used for future annual report notification)
Salu Lewis at Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$ Certificate of Status \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

(Must contain the words "Limited Liability Co	ompany, "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:	Mailing Address:

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

	Sally	Leu	ois
	N	ame	
55	Sabre	DRIV	e
Florida	street address (F	O. Box NO	T acceptable)
Junta	Gorda	FL	33950
	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..

(CONTINUED)

Title: "AMBR" = Authorized Me	Name and Address:
"MGR" = Manager	
MGR)	Sally lewis
	Punta Gorda, FL 33950
Marine Marine	<u> </u>
B AMBR	Gregory 1810/S 55 Sabai Drive
	Printo Gorda, FL 33950
	,
	
EV: Effective date, if othe ctive date is listed, the da filing.) the date inserted in this blo	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not
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