

L17000148015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

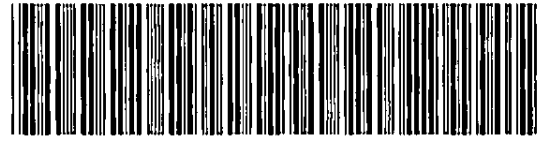
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/10/17--01021--011 **125.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 JUL 10 AM 11:22

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17/10/17



Ford Investment Group

50 SE Ocean Blvd # 205-B · Stuart, FL · 34994 · (772) 781-2526 · Fax: (772) 781-2527

July 5, 2017

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

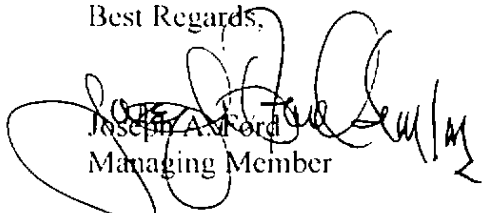
IN RE: Registration of Ford Investment Group Income Fund VI, LLC

Dear Sir/Madam:

Enclosed for filing please find *Articles of Organization* for **Ford Investment Group Income Fund VI, LLC** together with a check in the amount of \$125.00 for the filing fee and a return of the Certificate of Status and Certified Copy to our office.

Please confirm receipt of these documents and return a file-stamped copy to our principal office address at: **50 SE Ocean Boulevard, Suite 205-B, Stuart, FL 34994.**

Best Regards,


Joseph A. Ford
Managing Member

Encs.

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: FORD INVESTMENT GROUP INCOME FUND VI, 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:

JOSEPH A. FORD

Name of Person

FORD INVESTMENT GROUP

Firm/Company

238 SW PALM COVE DRIVE

Address

PALM CITY, FL 34990

City/State and Zip Code

bblanz@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie Riley 772 781-2526
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FORD INVESTMENT GROUP INCOME FUND VI, LLC

(Must contain the words "Limited Liability Company," "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:

50 SE Ocean Blvd.
Suite 205-B
Stuart, FL 34994

Mailing Address:

238 SW Palm Cove Drive
Palm City, FL 34990

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:

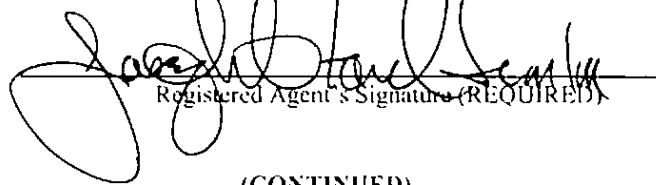
Joseph A. Ford
Name

238 SW Palm Cove Drive
Florida street address (P.O. Box **NOT** acceptable)

Palm City FL 34990
City State Zip

SECRETARY OF STATE
TALLAHASSEE FLORIDA
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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)
(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Joseph A. Ford
238 SW Palm Cove Drive
Palm City, FL 34990

(Use attachment if necessary)

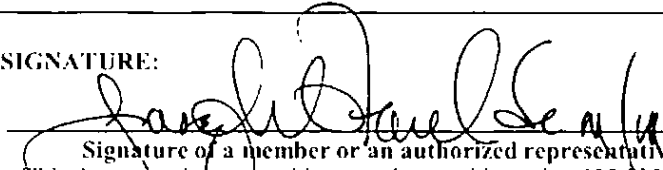
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

JOSEPH A FORD

Typed or printed name of signee

17 JUL 10 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)