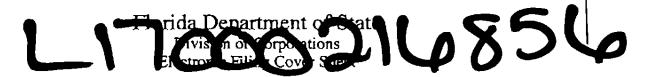
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

\*\*Bnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. 480 Group, LLC

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Estimated Charge	\$160.00

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Corporate Filing Menu

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OCT 20 2017

K. Brumbley

•	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

(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:	Mailing Address:
2568 Escade Drive	2568 Escada Drive
Naples, FL 34109	Naples, FL 34109

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:

Corporate Creations Network Inc.

Name

11380 Prosperity Farars Road #221E

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens FL 33410

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 registered agent as provided for in Chapter 605, F.S.

Kristen Eaplanies, Special Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 OCT 19 AH St OZ

	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Yvonne Previdi		
		2568 Esenda Drive Naples, FL 34109	
	_		
	(Use attachment if necessary)		
(If an el the date Note: I	lective date in listed, the date must be of filing.)	date of filing:  (OPTIONAL)  re specific and cannot be more than five business days prior to or 90 days after  not meet the applicable statutory filing requirements, this date will not be listed as  nent of State's records.	
	LE VI: Other provisions, if any.		
<del></del> -	REQUIRED SIGNATURE	Jah ? Kalistet	
	This document is ex I am aware that any	a member or an authorized representative of a member. excuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.	

Filing Feet

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

Deborah E. Kalstek, Organizer/Auth, Rcp.

Typed or printed name of signee