L24000022747

(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
Special instructions to 1 lining officer

Office Use Only



700422226237

01/19/24--01004--006 **80.06

01/15/24--01004--007 **100.00

2024



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: CCG Group Holdings LCC 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:
Rashad J Bailey
Name of Person
Firm/Company
2121 W Pensavola St Suite E
Tallahwsee, F1 32304
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rahael Raileyn (773) SOI SUZL Name of Person 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 □\$160.00 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - 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:
2121 W Pensacola St	2121 W Penalda ST
smt 6	Suite C
Tallaturer Fl 32304	Tallahouse F1 32704

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:

RwhadTSailey

Name

22 W Pensacola St Suite E

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

Talaharte F1 32704

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)

Title: Name and Address: "AMBR" = Authorized Member		
"MGR" = Manager Rahal J B 2121 W leavage	ailey 1357 suite E	<u> </u>
		_
		_
(Use attachment if necessary)		_
ective date is listed, the date must be specific and cannot be more than fiv of filing.)	e business days prior to or	
ective date is listed, the date must be specific and cannot be more than five of filing.) If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	e business days prior to or	
fective date is listed, the date must be specific and cannot be more than five of filing.) If the date inserted in this block does not meet the applicable statutory filing iment's effective date on the Department of State's records.	e business days prior to or	
fective date is listed, the date must be specific and cannot be more than five of filing.) If the date inserted in this block does not meet the applicable statutory filing iment's effective date on the Department of State's records.	e business days prior to or	
fective date is listed, the date must be specific and cannot be more than five of filing.) If the date inserted in this block does not meet the applicable statutory filing iment's effective date on the Department of State's records. LE VI: Other provisions, if any.	ative of a member. 2203 (1) (b), Florida Statute ent to the Department of Statute	not be
Signature of a member or an authorized represent This document is executed in accordance with section 605. I am aware that any false information submitted in a docume constitutes a third degree felony as provided for in s.817.15 Rubbal Typed or printed name of signee	ative of a member. 2203 (1) (b), Florida Statute ent to the Department of Statute	not be
REOUIRED SIGNATURE: Signature of a member or an authorized represent This document is executed in accordance with section 605. I am aware that any false information submitted in a docum constitutes a third degree felony as provided for in s.817.15	ative of a member. 20203 (1) (b), Florida Statute on to the Department of Statute of St	not be
REOUIRED SIGNATURE: Signature of a member or an authorized represent This document is executed in accordance with section 605. I am aware that any false information submitted in a docum constitutes a third degree felony as provided for in s.817.15 Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Res. \$30.00 Certified Copy (Optional)	ative of a member. 2203 (1) (b), Florida Statute ent to the Department of Statute for the Department of Statute).	s.

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

ARTICLE IV-