# Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

    Division of Corporations
    Fax Number      : (850)617-6381

From:

    Account Name    : CAPITOL SERVICES, INC.
    Account Number  : I20160000017
    Phone           : (855)498-5500
    Fax Number      : (800)432-3622

**Enter 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.
## GHOST TREE GROUP LLC

| Certificate of Status | 0 |
|---|---|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | $155.00 |

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## COVER LETTER

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

**SUBJECT:** Ghost Tree Group 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:

Charles Nettlefold
_____
Name of Person

Ghost Tree Group LLC
_____
Firm/Company

1615 East Lake Drive
_____
Address

Fort Lauderdale, FL 33316
_____
City/State and Zip Code

charlie.nettlefold@hotmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Nettlefold      214      6208608
_____ 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 &    ☐ $155.00 Filing Fee &    ☐ $160.00 Filing Fee,
                   Certificate of Status     Certified Copy         Certificate of Status &
                                   (additional copy is enclosed)    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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Ghost Tree Group 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:

<u>Principal Office Address:</u>

1615 East Lake Drive
Fort Lauderdale
Florida 33316

<u>Mailing Address:</u>

1615 East Lake Drive
Fort Lauderdale
Florida 33316

**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:

Capitol Corporate Services, Inc.
Name

515 E. Park Avenue, 2nd FL
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee          FL          32301
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.*

Kim Tadlock, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

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

**Title:**
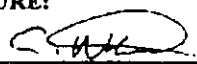"AMBR" = Authorized Member
"MGR" = Manager

**Name and Address:**

Manager

Charles Nettlefold
1615 East Lake Drive
Fort Lauderdale Florida

(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.

          Charles Nettlefold
          Typed or printed name of signee

**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)**

FILED MAY 21 PM