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| (Requestor's Name) (Address) | |
|---|-----|
| (Address) | 400 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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CORPORATE ACCESS,

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INC.

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| | PICK UP | 2: <u>3/26</u> | TRACI | | |
|-------------|----------------------------|----------------|-------------|--------------|---|
| | CERTIFIED COPY | | | | |
| ХX | РНОТОСОРУ | | | | |
| | CUS | | | - | |
| XX | FILING | LLC | | | |
| | 360 CONCEPTS GROUP 6 | | | | - - |
| 2. | CORPORATE NAME, AND DOCUME | AN (#) | | | : :::::::::::::::::::::::::::::::::::: |
| | CORPORATE NAME AND DOCUME | ENT #) | | ٠. | <u> </u> |
| 3. | CORPORATE NAME AND DOCUME | :NTV #1 | | े हैं। | Ö1 |
| | | | | | |
| 4. | CORPORATE NAME AND DOCUME | (NT #) | | | |
| 5. <u> </u> | CORPORATE NAME AND DOCUME | (NT #) | | | |
| 6. | | | | | |
| | CORPORATE NAME AND DOCUME | ENT#) | | | |
| SPECIAL | INSTRUCTIONS: | | | | |
| | | | | | |
| | | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | roup 6 LLC | | | |
|---|--|---|------------------------------------|-------------|
| (Must | contain the words "Limited I | Liability Company, ' | `L.L.C.,'" or "LLC.") | |
| ARTICLE II - Address: The mailing address and stre | eet address of the principal o | ffice of the Limited | Liability Company is: | |
| <u>Pri</u> | ncipal Office Address: | | Mailing Address: | |
| 3192 Harbor Blyd | | 3192 | 3192 Harbor Blvd | |
| Port Charlotte, F | L 33952 | Port | Charlotte, FL 33952 | |
| | pany cannot serve as its own i an active Florida registratio | | ou must designate an individual or | |
| he name and the Florida st | reet address of the registered | l agent are: | | |
| | Dhandeo Mohabir | | | |
| | - " | Name | - | |
| | 3192 Harbor Blvd | | | |
| | Florida street address | ceptable) | | |
| | riorida sa cer addres. | | | |
| | Port Charlotte | FL | 33952 | |
| | | FL State | 33952 Zip | : ; |
| lace designated in this certifi wther agree to comply with t | Port Charlotte City red agent and to accept servi cate, I hereby accept the appe | State ice of process for the ointment as registere elating to the proper | d age and c | |

(CONTINUED)

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

| Title: "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager AMBR | Dhandeo Mohabir 3192 Harbor Blvd Port Charlotte, FL 33952 |
| AMBR | Deokumarie Mohabir 3192 Harbor Blvd Port Charlotte, FL 33952 |
| | |
| | |
| (Use attachment if necessary) | |
| (If an effective date is listed, the date must be speci the date of filing.) | filing: |
| the document's effective date on the Department of | |
| ARTICLE VI: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | S/ Dhandeo Mohabir |
| This document is executed I am aware that any false in | ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida Statutes, aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S. |
| Dhandeo Mohabir | 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)