

"ACCURATE" FILING & RESEARCH SERVICES, INC.



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Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Grove Financial Group, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk-in

☒ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☒ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

REGISTRATION	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/OTHER	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

400002594144--0  
-07/21/98--01072--001  
\*\*\*\*30.00 \*\*\*\*30.00

400002594144--0  
-07/21/98--01074--001  
\*\*\*\*255.00 \*\*\*\*255.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
21 JUL 21 AM 9:00  
7/21/98

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

July 21, 1998

ACCURATE FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: GROVE FINANCIAL GROUP LLC  
Ref. Number: W98000016533

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUL 21 AM 9:00

*Grove Financial Group of Coconut Grove, L.L.C.*

We have received your document for GROVE FINANCIAL GROUP LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$285.00 payment.,

Your limited liability company name is unavailable, pursuant to section 608.406(4), Florida Statutes. Since it is not distinguishable from the name of an existing entity. Please select a new name and make the substitution in all appropriate places. One or more words must be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 798A00038589

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Grove Financial Group of Coconut Grove

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

C/O FEINSON & ASSOC, P.A.  
ONE West FLAMINGO Drive Suite 304  
Pembroke Pines, FL 33027

## ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

## ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

DANIEL A. SILVERWOOD ONE West FLAMINGO Dr Suite 304  
DAVID L. PRINCE ONE West FLAMINGO Dr Suite 304  
C.S. BLOCK TRADING LLC " " " "

Pembroke Pines, FL 33027

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUL 21 AM 10:00

25 SHS  
25 SHS  
50 SHS

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

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DIVISION OF CORPORATIONS  
JUL 21 AM 9:00

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of Grove  
Financial Group of Coconut certifies:  
Grove LLC

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 10,000;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 10,000.

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID PRINCE

Typed or printed name of signer

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

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DIVISION OF CORPORATIONS  
98 JUL 21 AM 9:00

1. The name of the limited liability company is: Grove Financial Group  
of Coconut Grove, L.L.C.

2. The name and the Florida street address of the registered agent are:

BARBARA TAYLOR  
NAME  
8264 NW 44TH ST  
Florida street address (P. O. Box NOT ACCEPTABLE)  
COVINGTON FL 33065  
CITY, STATE AND 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.*

Barbara Taylor  
SIGNATURE