

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

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FILED 8:00 AM  
April 30, 2004  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:  
RETIREMENT INCOME ASSURANCE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2916 W. BAY VISTA #3  
TAMPA, FL. US 33611

The mailing address of the Limited Liability Company is:  
2916 W. BAY VISTA #3  
TAMPA, FL. US 33611

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
MARK W HARKINS  
2916 W. BAY VISTA #3  
TAMPA, FL. 33611

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.

Registered Agent Signature: MARK W. HARKINS

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
MARK W HARKINS  
2916 W. BAY VISTA #3  
TAMPA, FL. 33611

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Signature of member or an authorized representative of a member

Signature: MARK W. HARKINS