

LO4 0000 41815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

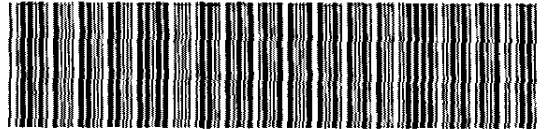
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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JMS*



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TALLAHASSEE, FLORIDA

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

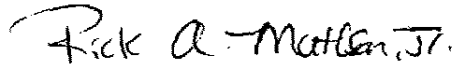
To Division of Corporations:

Enclosed please find the filing documents to create a Limited Liability Corporation (LLC) and the filing fees in the amount of \$160.00; which includes payment for the filing fees, designation of registered agent, certified copy and certificate of status.

If there is any additional information that is needed, please do not hesitate to contact me at the following address and phone number:

Rick A. Mattson, Jr.  
425 Woodlawn Avenue  
Belleair, FL. 33756  
(813) 442-3835

Very truly yours,



Rick A. Mattson, Jr.

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REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Equity Financial, 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:

Ben A. Mattson  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

15350 Amberly Dr. #1922  
(Address)

Tampa, FL 33647  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ben A. Mattson at ( 813 ) 222-3939  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Equity Financial, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

425 WOODLAWN AVE.  
BELLEAIR, FL 33756

**Mailing Address:**

425 WOODLAWN AVE  
BELLEAIR, FL 33756

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Rick A. Mattson, Jr.  
Name

425 Woodlawn Ave. ~~██████████~~  
Florida street address (P.O. Box NOT acceptable)

Belleair FLORIDA 33756  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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 608, Florida Statutes..*

*Rick Mattson Jr.*  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Rick A. Mattson, Jr.  
425 Woodlawn Ave.  
Belleair, FL 33756

MGRM

Ron A. Mattson  
15350 Amberly Dr. #1922  
Tampa, FL 33647

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Ron A. Mattson  
Signature of a member or an authorized representative of a member.

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

Ron A. Mattson  
Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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