

L05000064549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

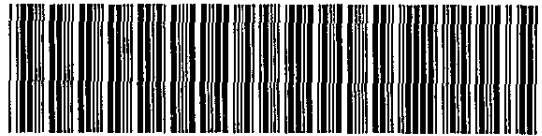
(Business Entity Name)

(Document Number)

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L06/29/05

C/p

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Retirement Strategies, 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:

Lynn Barwell  
(Name of Person)

Patrick & Robinson, LLC  
(Firm/Company)

4029 Atlantic Blvd.  
(Address)

Jacksonville, FL 32207  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lynn Barwell at ( 904 ) 396-5400  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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:

Retirement Strategies, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

9471 Baymeadows Road  
Suite 303  
Jacksonville, FL 32256

#### Mailing Address:

9471 Baymeadows Road  
Suite 303  
Jacksonville, FL 32256

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

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

Mark R. Patrick, CPA

Name

4029 Atlantic Blvd.

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32207

FL

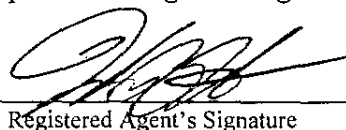
City, State, and Zip

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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, F.S..*



Registered Agent's Signature

(CONTINUED)

**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:**

MGRM

William S. Hart

9471 Baymeadows Road, Suite 303

Jacksonville, FL 32256

MGRM

James W. Carr

9471 Baymeadows Road, Suite 303

Jacksonville, FL 32256

M

Mary Beth Neeley

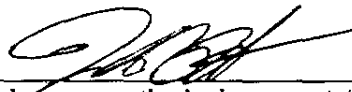
9471 Baymeadows Road, Suite 303

Jacksonville, FL 32256

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



*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.)

Mark R. Patrick, CPA; Authorized Representative

*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)**

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