

LO7000064695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

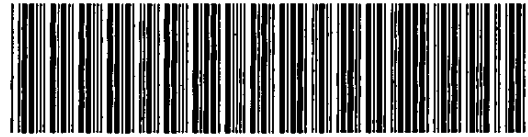
(Document Number)

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

Special Instructions to Filing Officer:

DB

Office Use Only



400104544174

06/19/07--01056--026 \*\$310.00

FILED  
07 JUN 19 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STEVEN A. SCIARRETTA, P.A.**

ATTORNEYS AT LAW

STEVEN A. SCIARRETTA  
LL.M. IN TAXATION

THE HAMILTON BUILDING  
2799 NW Boca Raton Boulevard, Suite 203  
Boca Raton, Florida 33431  
TELEPHONE: (561) 368-7978  
TOLL FREE: (800) 545-8454  
TELEFAX: (561) 368-8502

Asset Protection  
Business and Taxation Planning  
Probate Administration  
Trusts and Estate Planning

VIA NEXT DAY DHL

June 18, 2007

State of Florida  
Department of State  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
07 JUN 19 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: reviewmy401k.com LLC  
T.G. Chipain Financial Group LLC

Dear Sir/Madam:

Please find enclosed for filing in duplicate Original, Articles of Organization, for each of the above referenced Limited Liability Companies.

Also enclosed is our check for \$310.00, made payable to the Florida Department of State, which represents the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee and \$30.00 Certified Copy fee for each entity.

Please return the completed paperwork to me utilizing the enclosed Pre-paid DHL envelope.

Thank you for your prompt cooperation.

Sincerely,

STEVEN A. SCIARRETTA, P.A.

  
Steven A. Sciarretta

SAS/dc  
Enclosures

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

**ARTICLE I - NAME**

The name of the Limited Liability Company ("Company") is: reviewmy401k.com LLC

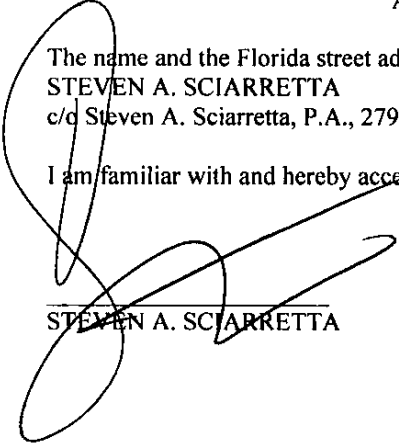
**ARTICLE II - PRINCIPAL ADDRESS**

The mailing address and street address of the principal place of business of the Company is:  
1912 78<sup>th</sup> Street NW, Bradenton, FL 43209

**ARTICLE III - REGISTERED AGENT**

The name and the Florida street address of the Registered Agent are:  
STEVEN A. SCIARRETTA  
c/o Steven A. Sciarretta, P.A., 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431.

I am familiar with and hereby accept the obligations to act as Registered Agent.

  
\_\_\_\_\_  
STEVEN A. SCIARRETTA

**ARTICLE IV - MANAGEMENT**

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

Thomas Chipain  
1912 78<sup>th</sup> Street NW  
Bradenton, FL 34209

  
\_\_\_\_\_  
THOMAS CHIPAIN

**FILED**  
07 JUN 19 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA