Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

Effective Date 04/20/10

From:

: HAILE, SHAW & PFAFFENBERGER, P.A. Account Name

Account Number: 076326003550 Phone : (561)627-8100

Fax Number : (561)622-7603

\*\*Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please.\*\*

Email Address: Andrea &

FLORIDA LIMITED LIABILITY CO.

Vantage Investment Advisors LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. HAMPTON

APR 2 3 2010

EVARAINER

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	y is:
Vantage investment Advisors LLC (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
407 SE 1st Street	407 SE 1st Street
Delray Beach, FL 33483	Delray Beach, FL 33483
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the server and the Florida street address of the server address of th	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are:
	•
Haile, Shaw & Pfaffenb	erger, P.A.
	<del></del>
660 US Highway One,	<del></del>
Florida street	address (P.O. Box <u>NOT</u> acceptable)
North Palm Beach	FL 33408
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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	TCS Management LLC
	407 SE 1st Street
	Delmy Geach, FL 33483
•	
<u> </u>	
Use attachment if necessary)	
EV: Effective date, if other than the	date of filing; April 20, 2010 . (OPTIO
ective date is listed, the date must be lays after the date of filing.)	specific and cannot be more than five business

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Andrea Miller

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee