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SECRETAIN OF STATE PLOTING



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COVER LETTER

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TO:	Registration Section Division of Corporations
	JAMES L HART FINANCIAL LIMITED LIABILITY COMPANY
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	JAMES L. HART
	Name of Person
	HART FINANCIAL SERVICES
	Firm/Company
	4727 N A1A
	Address
	VERO BEACH FL 32963
	City/State and Zip Code
	JAMES.HART@RAYMONDJAMES.COM
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	JAMES HART 772 231-5800
	Name of Person Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:
\$125.00	Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2015

JAMES L. HART 4727 N A1A VERO BEACH, FL 32963

SUBJECT: HART FINANCIAL SERVICES

Ref. Number: W15000044627

We have received your document for HART FINANCIAL SERVICES and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II

Letter Number: 715A00013731

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name	A	RT	ICI	ÆI	- N:	ame
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ARTICLE II - Address:

The name of the Limited Liability Company is:

JAMES HART FINANCIAL SERVICES LLC. SE

(Must end with the words "Limited Liability Company. "L.L.C.." or "LLC.") [ALL.

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

Principal Office Address:	Mailing Address:
4727 NATA	
VERO BEACH FL 32963	

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JAMES L HART		
	Name	
4727 N A I A		
Florida street addres	s (P.O. Box NOT a	cceptable)
VERO BEACH	FL	
City	State	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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



Title:	.	Name and Address:	SECRETARY OF STAT TALLAHASSEE FLORIE
"AMBR" = Authorized "MGR" = Manager	Member		NATTAHASSEE STUBIL
Wich - Manager		jAMES L HART	
		4727 N A I A	
		VERO BEACII FL 3290)3
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