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EXAMINER

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446

OFFICE USER LAND OF SIALE

WALK-IN

ENTITY NAME:

1. MARSHALL FINANCIAL GROUP, LLC

CK# 3039

AMOUNT \$125.00

PLEASE FILE THE ATTACHED ARTICLES OF ORGANIZATION & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

CERTIFICATE OF STATUS



RECEIVED 08 JAN -8 AM 10: 26

FLORIDA DEPARTMENT OF STATE DIVISION OF Division of Corporations

January 4, 2008

FLORIDA RESEARCH & FILING SERVICES 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301

SUBJECT: MARSHALL FINANCIAL GROUP, LLC

Ref. Number: W08000000596

We have received your document for MARSHALL FINANCIAL GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Item 9, please list the NAMES of the MANAGERS in addition to the address.

Please return 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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 708A00000701

* RE-SUBMITTING S WI CORRECTIONS PLEASE RETAIN PLEASE SUBMISSION ORIGINAL 14-08 PATE PATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Marshall Financial Group, LLC
-,	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.1C.," "LLC.")
2.	Delaware 3. 20-8735303
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4,	March 27, 2007 . 5 Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	March 27, 2007
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	225 South 6th Street, Suite 2900
	Missocratic MAN 55402
	Minneapolls, MN 55402 (Street Address of Principal Office)
	Minneapolls, MN 55402 (Street Address of Principal Office) If limited liability company is a manager-managed company, check here ✓ The name and usual business addresses of the managing members or managers are as follows:
,	Scott H. Anderson
	225 South 6th Street, Suite 2900
	Minneapolis, MN 55402
ılχ). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)
1 }	. Nature of business or purposes to be conducted or promoted in Florida:
	loan origination
	Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Tim R. Ring
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:						
Marshall Finan	cial Group, LLC					
If name unava	ilable, the alternate n	ame to be	used in the state of Florida is:			
2. The name a	and the Florida street	address o	of the registered agent and office are:			
	NRAI Services, inc.					
			(Name)	-		
	2731 Executive Park Drive, Suite 4					
Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Weston		FL 33331	_		
			City/State/Zip			
liability compa agent and agre relating to the obligations of NRAV Services	iny at the place design re to act in this capacit proper and complete p proposition his register	ated in th ty. I furth performan	o accept service of process for the above s is certificate, I hereby accept the appoint the agree to comply with the provisions of ace of my duties, and I am familiar with as as provided for in Chapter 608, Florida S	ment as registered Fall statutes nd accept the		
		\$ 100.00 \$ 25.00				
	\$ \$		Certified Copy (optional)			
	S	5.00	Certificate of Status (optional)			

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARSHALL FINANCIAL GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JANUARY, A.D. 2008.

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "MARSHALL FINANCIAL GROUP, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

324801 8300

080002696



Warriet Smith Hinden

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6277998

DATE: 01-02-08