## L07000036237

(Requestor's Name)
, <i>,</i>
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DEPARTMENT OF STATE AS 2207 APR -5 PM 2: 45



ACCOUNT NO. : 07210000032
REFERENCE: 838231 4188E 🚉 🖺 🤼
AUTHORIZATION : Smell of
COST LIMIT: 128.00
ORDER DATE: April 5, 2007
ORDER TIME: 1:35 PM
ORDER NO. : 838231-005
CUSTOMER NO: 4188E
DOMESTIC FILING
NAME: THE MUTUAL FUND STORE-WEST PALM BEACH, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION  CERTIFICATE OF LIMITED PARTNERSHIP  XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Troy Todd - EXT. 2940
EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	OT PR	
The Mutual Fund Store-West Palm Beach, LLC	To S	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
11095 Metcalf	11095 Metcalf	
Overland Park, KS 66210	Overland Park, KS 66210	
business entity with an active Florida registration.)  The name and the Florida street address of the re  Corporation Service Company	egistered agent are:	
Name		
1201 Hays Street		
Florida street address (P.O. Box NOT acceptable)		
Tallahassee	FL 32301	
City, State, and Zip		
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	

Registered Agent's Signature (REQUIRED)

as its agent

(CONTINUED) Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM TMFS Holdings, LLC 11095 Metcalf Overland Park, KS 66210 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) By: Deborah L. Tuttle

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

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

Filing Fees:

**MGRM** 

Typed or piving limiting signed
11095 Metealf

Overland Park, KS 66210