

L00000007892

June 22, 2000

Registration Section  
Divisions of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314  
850.487.6051

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-06/28/00--01032--006  
\*\*\*\*125.00 \*\*\*\*125.00

Dear Sir or Madam:

I am submitting this cover letter as required per the Florida Articles of Organization. My name is Gian Guardo and my address is 19135 U.S. 19N Clearwater, Florida 33764. My daytime phone number is 727.524.8563. If you have any questions, please do not hesitate to call me.

Sincerely,

*Gian Guardo*

Gian Guardo  
Principal

L-7892

00 JUN 28 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Acumen Financial, LLC

**ARTICLE II - Address:**

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

19135 US 19N Unit K-5  
Clearwater, FL 33764

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

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

GIAN GUARDO  
Name  
19135 US 19N Unit K-5  
Florida street address (P.O. Box **NOT** acceptable)  
Clearwater FL 33764  
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..*

Gian Guardo  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Gian Guardo  
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.)

GIAN GUARDO  
Typed or printed name of signee

FILED  
00 JUN 28 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEES:**

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)