## Trace Fee 850-561-4063 City/State/Zip Phone # 323-8

Office Use Only

CORPORATION NAME(S) &	& DOCUMENT NUMBER(S),	, (if known)	):
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<ul><li>□ Walk in</li><li>□ Pick up ti</li><li>□ Mail out</li><li>□ Will wait</li></ul>	Certified Copy  Photocopy  Certificate of Status	
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS  Annual Report Fictitious Name	AMENDMENTS  -08/07/000102202  ****125.00 ****125  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/QUALIFICATION  Foreign  Limited Partnership  Reinstatement  Trademark	-8 5.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:		
The name of the Limited Liability Company is:		
money Basics, LLC	-	
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability	Comp	any is:
6753 Monasville Rol #108-321	•	•
TAIIANASSER, Fle 32312		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat	ure:	
The name and the Florida street address of the registered agent are:		
Name Name  Name  Normanulle Rol # 108  Florida street address (P.O. Box NOT acceptable)  TELEPORTS FLORES P.O. Box NOT acceptable)		
6753 Managuille Rd # 108	-32	.1
Florida street address (P.O. Box NOT acceptable)		
= 1000000000000000000000000000000000000		
City, State, and Zip		
liability company at the place designated in this certificate, I hereby accept the appointmen agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and cobligations of my position as registered agent as provided for in Chapter 608, F.S	statut	200
_ Cer 1 Sebah		ě
Registered Agent's Signature	-	_
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managetherefore, a manager - managed company.	ers an	ıd is,
(An additional article must be added if an effective date is requested)	00 AI	o Sa Sa
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.)	-7 PM 1:3	
Typed or printed name of signee	ယ္	<u> </u>
A T L A STATE OF OFFICE		ರೆ

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)