## One Taylor Court • Lakewood, N.J. 08701 • Voice [908] 935-8359 • Fax (908) 920-4629 Marginet Group, Inc.

00789-00623-00621 To WHOM IT MAY CONCERN: 11/4/00

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THE MRTICLES OF OFGANVIZATION AND CHECK FRE ENCLOSED.

SINCERELY

W-27186

MARK C. ROY 12172 SIESTA DRIVE Ft. MYERS BEACH, the

3393/

V# (941) 466 - 1306 F# (941) 466 - 3086

SECRETARY OF STATE DIVISION OF CORPORATIONS



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 15, 2000

MARK C. ROY 12172 SIESTA DRIVE FT. MYERS BEACH, FL 33931

SUBJECT: 20/20 FINANICAL ADVISORY GROUP, LLC

Ref. Number: W00000027186

We have received your document for 20/20 FINANICAL ADVISORY 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 487-6967.

Letter Number: 300A00058793

Michelle Hodges Document Specialist

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	2.
The name of the Lin	nited Liability Company is:
20/20	FINANCIAL ADVISORY GROUP, WAC
ARTICLE II - Add The mailing address	ress: and street address of the principal office of the Limited Liability Company is:
1217	2 SIESTA DRIVE, FT. MYERS BEACH, F
ARTICLE III - Reg	istered Agent, Registered Office, & Registered Agent's Signature:
The name and the Fl	orida street address of the registered agent are:
	MARK C. ROY
	MARK C. ROY  12172 SIESTA DRIVE
	Florida street address (P.O. Box NOT acceptable)
	FT. MYERS BEACHE, FLORIDA 3343/ City, State, and Zip
liability company at a agent and agree to a relating to the proper	as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered at in this capacity. I further agree to comply with the provisions of all statutes and complete performance of my duties, and I am familiar with and accept the sition as registered agent as provided for in Chapter 608, F.S  Registered Agent's Signature
The Limited Li	gement (Check box if applicable.)  ability Company is to be managed by one manager or more managers and is, or - managed company.  additional article must be added if an effective date is requested)

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.)

Typed or printed name of/signee

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)

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