

L01000003614

Registration Section  
Florida Dept. Of State  
Div. Of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

100003799151--9  
-03/05/01--01145--023  
\*\*\*160.00 \*\*\*160.00

RE: Filing of Articles of Organization for RETIREMENT ADVISORS OF  
AMERICA, LLC

Attached are the Aricles of Organization for RETIREMENT ADVISORS  
OF AMERICA, LLC. A check of \$160.00 is also include for the  
filing fee, designation of registered agent, certified copy and  
certificate of status. - If you have any questions, please feel  
free to contact Dawn P. Smith, 620 Renaissance Pointe, suite 108,  
Altamonte Springs, FL 32714 or at (407) 291-2622. Thank you for  
your cooperation.

FILED  
01 MAR -8 AM 8:54  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 7, 2001

DAWN P. SMITH  
620 RENAISSANCE POINTE  
SUITE 108  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: RETIREMENT ADVISORS OF AMERICA, LLC  
Ref. Number: W01000005237

We have received your document for RETIREMENT ADVISORS OF AMERICA, LLC and your check(s) totaling \$160.00. 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) 487-6043.

Shawn Logan  
Document Specialist

Letter Number: 301A00014005

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

RETIREMENT ADVISORS OF AMERICA, LLC

## ARTICLE II - Address:

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

620 RENAISSANCE POINTE, SUITE 108  
ALTAMONTE SPRINGS, FL 32714

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

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

DAWN P. SMITH  
Name  
620 RENAISSANCE POINTE, SUITE 108  
Florida street address (P.O. Box NOT acceptable)  
ALTAMONTE SPRINGS, FL 32714  
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..*

Dawn P. Smith  
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)

Dawn P. Smith  
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.)

DAWN P. SMITH, AUTHORIZED REPRESENTATIVE OF MEMBER  
Typed or printed name of signer

### 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR - 8 AM 8:54

FILED