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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

AL

LIMITED LIABILITY COMPANY

THRAILKILL & ASSOCIATES, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$130.00 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **THRAILKILL & ASSOCIATES, LLC.**

ARTICLE II - Address:

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

2 South Osceola Avenue
Orlando, Florida 32801

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

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

G. Harlan Thrailkill, ChFC, CFP
2 South Osceola Avenue
Orlando, Florida 32801

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC 11

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.



Registered Agent's Signature

ARTICLE IV - Management:

The Limited Liability Company is to be managed by a Manager or a Board of Managers and the name and address of the initial manager who is to serve as manager is:

G. Harlan Thrailkill, ChFC, CFP
2 South Osceola Avenue
Orlando, Florida 32801



G. Harlan Thrailkill, ChFC, CFP, Sole 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.)

G. Harlan Thrailkill, ChFC, CFP, Sole Member

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)