

L02000000609

Michael D. Newton
2930 Medinah
Weston, FL 33332

December 19, 2001

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-12/21/01--01032--006
****160.00 ****155.00

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Newton & Clawson Financial Services, LLC

Dear Sirs:

Please find enclosed the Articles of Organization for Newton & Clawson Financial Services, LLC along with a check for \$160.00 made payable to the Florida Department of State.

Please send written notice of filing to:

Mr. Michael D. Newton
2930 Medinah
Weston, FL 33332

Please call (954) 782-4771 if you have any questions. Thanks for your help.

Sincerely,

Michael D Newton

FILED
02 JAN -7 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	Michael Newton
Availability	
Document Examiner	Enc. DOC
Updater	DOC
Declarer Verifier	C
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CORPORATE HEADQUARTERS

1600 South Federal Highway, Suite 1101
Pompano Beach, FL 33062
Telephone (954) 782-4771
Facsimile (954) 943-7331
www.joinksi.com
www.kovacksecurities.com

F A X

To: Florida Dept. of State From: Michael Newton, CIMA
Fax: 850-410-1015 Pages: 3 Including Cover Sheet
Phone: Date: 1/17/02
Re: #W01000029609 CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ FYI Only

Following please find the Articles of Organization for Florida LLC. We sent it to you but it was returned because it was missing Mr. Newton 2nd signature. If you have any questions please call

Thank you,
N. Fajman
Administrative Asst.



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 28, 2001

MICHAEL D. NEWTON
2930 MEDINAH
WESTON, FL 33332

SUBJECT: NEWTON & CLAWSON FINANCIAL SERVICES, LLC
Ref. Number: W01000029609

We have received your document for NEWTON & CLAWSON FINANCIAL SERVICES, 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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 201A00067546

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Newton & Clawson Financial Services, LLC

ARTICLE II - Address:

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

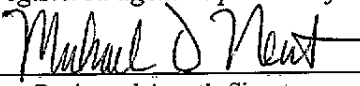
1200 Weston Road
Westin, FL. 33326

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

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

Michael D. Newton
Name
2930 Medinah
Florida street address (P.O. Box NOT acceptable)
Weston, FL 33332
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.


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, therefore, a manager - managed company.

(An 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.)

Michael D. Newton
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)

FILED
02 JAN - 7 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA