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Profit Not for Profit Limited Liability Domestication Other			Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
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				Examiner's Initials	

## ARTICLES OF ORGANIZATION FOR

# CAPITAL RESOURCES FINANCIAL GROUP, LLC

The undersigned member, acting as the organizer of Capital Resources Financial Group, LLC, under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, adopts the following Articles of Organization:

#### ARTICLE I

The name of the Limited Liability Company ("Company") shall be:

CAPITAL RESOURCES FINANCIAL GROUP, LLC

## ARTICLE II

The principal place of business and mailing address of the Company is:

CAPITAL RESOURCES FINANCIAL GROUP, LLC 4476 U.S. 129 LIVE OAK, FL 32060

ARTICLE III

The name and address of the Registered Agent for the Company is

J. S. Baker, Sr. 4476 U.S. 129 Live Oak, FL 32060

#### ARTICLE IV

The Company is to be managed by one manager, or more, and is, therefore, a manager-managed company. The name and address of the initial managers are as follows:

Dennis E. Music 18323 County Road 250 Live Oak, FL 32060 J. S. Baker, Sr. 4476 U.S. 129 Live Oak, FL 32060

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on this \_/6 \_ day of JULY, 2002.

J. S. Baker, S

#### REGISTERED AGENT DESIGNATION

PURSUANT to Chapter 608.415, Florida Statutes, CAPITAL RESOURCES FINANCIAL GROUP, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal offices being located at 4476 U.S. 129, Live Oak, FL 32060, has appointed J.S. Baker, Sr., 4476 U.S. 129, Live Oak, FL 32060, as its agent to accept service of process within this state.

## **ACCEPTANCE OF APPOINTMENT**

Having been named to accept service of process for the above named Limited Liability Company, at the place designated in this certificate, I hereby accept and agree to said appointment and agree to comply with the provisions of the law relative to keeping said office open.

S. Baker, Sr

STATE OF FLORIDA COUNTY OF SUWANNEE

BEFORE ME the undersigned authority, the foregoing Articles of Organization and Registered Agent Designation instruments were acknowledged on this \_\_\_\_\_\_day of JULY, 2002, by J.S. Baker, Sr., who is personally known to me or who has produced a Florida Drivers License as identification, and who did take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this date.

Print Name:

andra mixon

Sandra E. Mixon

MY COMMISSION # DD050467 EXPIRES

August 15, 2005

Sonded THRU TROY FAIN INSURANCE, INC.

NOTARY PUBLIC STATE OF FLORIDA