

# L03000017090

(Requestor's Name)

**Larry & Ruth Poteet  
411 S Bayshore Blvd  
Safety Harbor, FL 34695**

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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03 MAY 13 AM 10:13

U.S. DEPT. OF JUSTICE



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 2, 2003

LARRY POTEET  
411 S. BAYSHORE BLVD  
SAFETY HARBOR, FL 34695

SUBJECT: SAFETY HARBOR FINANCIAL GROUP LLC  
Ref. Number: W03000012704

We have received your document for SAFETY HARBOR FINANCIAL GROUP LLC and your check(s) totaling \$130.00. 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: 703A00027131

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: Safety Harbor Financial Group LI

### ARTICLE II - Address:

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

935 main Street Ste D-3  
Safety Harbor, FL 34695

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

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

Larry R Poter  
Name  
935 main Street Ste D-3  
Florida street address (P.O. Box **NOT** acceptable)  
Safety Harbor FL 34695  
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.

Larry R Poter  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

✓ Larry R Poter  
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.)

✓ Larry R Poter  
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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03 MAY 13 AM 10:13  
TALLAHASSEE, FL