L03000030794

(Re	equestor's Name)	
(Address)		
(Ad	idress)	
(Cif	ry/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL.
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700021851907

O3 AUG 18 PH 4: 27

BK





ACCOUNT NO. : 072100000032

REFERENCE : 208779

AUTHORIZATION:

COST LIMIT : \$ 125.00

ORDER DATE : August 18, 2003

ORDER TIME : 2:22 PM

ORDER NO. : 208779-005

CUSTOMER NO: 4321551

CUSTOMER: Ms. Sally Hentz

Moore & Van Allen, Pllc

Suite 4700

100 North Tryon Street Charlotte, NC 28202-4003

DOMESTIC FILING

NAME: GUARDIAN CAPITAL, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Guardian Capital, TAC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company's:
6870 Sunrise Place, Corel Gables, Florida 33133
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida supet address of the registered agent are:
Rainey Sellars Q
Name 2
6870 Sunrise Place
Florida street address (P.O. Box NOT acceptable)
Coral Gables FL 33133
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
(An additional article must be added if an effective date is requested)
Signature of a member of an authorized representative of a member.
(In secondance 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.)
Rainey Sellars
Typed or printed name of signes
Filing Fees: S100.00 Filing Fee for Articles of Organization

5.00.00 Filing Fee for Articles of Organize 5.25.00 Designation of Registered Agent 2.30.00 Certified Copy (Optional) 5.5.00 Certificate of Status (Optional)

P,02