

L03000032028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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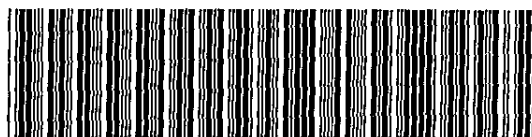
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS

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## *Advanced Market Advisors, LLC*

*Scott Bodie, CLU, ChFC, CFP, CFS*

*504 Wymore Road  
Winter Park, FL 32789*

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Division of Corporations

Please forward all correspondence concerning this registration to the above address.  
If there is any missing information or questions please refer to the number below.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Bodie".

Scott Bodie

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
CFG, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

230 Van Gogh Drive  
Osprey, FL 34229

#### Mailing Address:

230 Van Gogh Drive  
Osprey, FL 34229

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

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

Michael A. Cortman

Name

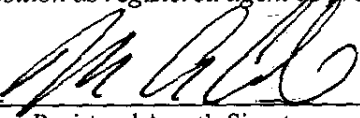
230 Van Gogh Drive

Florida street address (P.O. Box **NOT** acceptable)

Osprey, FL 34229

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

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(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Michael A. Cortman

230 Van Gogh Drive

Osprey, FL 34229

MGRM

Michael A. Cortman

Osprey, FL 34229

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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 A. Cortman

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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