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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

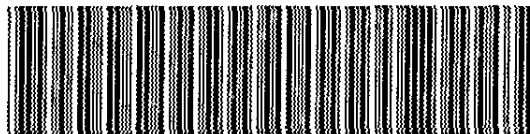
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TALLAHASSEE, FLORIDA

J. BRYAN SEP 22 2003

Thomas Pearce
1652 Rockdale Loop
Heathrow, Florida 32746-5331
Cell 407-342-6261

Pearce Financial Group LLC

September 11, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Please allow this cover letter to inform you of my request to register a LLC in the state of Florida. The payment for fees is attached and my daytime contact information and preferred mailing address are listed above. Thank you for your assistance should you have any questions please feel free to call me at the above-mentioned number.

Sincerely,



Thomas A. Pearce
President

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO : Registration Section
Division of Corporations

SUBJECT: PEARCE FINANCIAL GROUP L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS PEARCE
(Name of Person)

PEARCE FINANCIAL GROUP
(Firm/Company)

1004 N. 14TH STREET SUITE 102
(Address)

LEESBURG, FL. 34748
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS PEARCE
(Name of Person)

at (407) 342-6261
(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PEARCE FINANCIAL GROUP L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

PEARCE FINANCIAL GROUP
1004 N. 14TH STREET SUITE 102
LEESBURG, FL. 34748

THOMAS PEARCE
1652 ROCKDALE LOOP
HEATHROW, FL. 32746

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

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

THOMAS PEARCE
Name

1004 N. 14TH STREET SUITE 102
Florida street address (P.O. Box NOT acceptable)

LEESBURG, FL FL 34748
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..

Thomas A. Pearce
Registered Agent's Signature

(CONTINUED)

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ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

THOMAS PEARCE
1652 ROCKDALE LOOP
HEATHROW, FL. 32746-5331

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Thomas A. Pearce

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.)

THOMAS A. PEARCE

Typed or printed name of signer

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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