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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

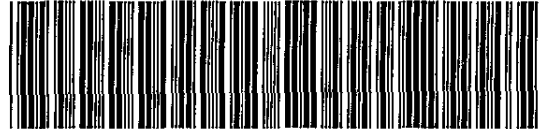
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN -8 PM 12:42

FILED

**CAROL A VANCE, Esq., CPA, LLC.**  
**411 55<sup>th</sup> Avenue**  
**ST Pete Beach, Florida 33706**  
**(727) 367-1222**

Member of the Florida and California Bars

CPA Licensed in FL and CA

Division of Corporation  
409 E. Gaines Street  
Tallahassee, FL 32399

January 4, 2004

Please find enclosed:

Articles of Organization LLC	\$125.00
Fictitious name	\$50.00

Please contact me with any questions.

Sincerely,



Carol Vance, Esq.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN -8 PM 12:42

FILED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Retirement Concierge, LLC  
(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:

Carol A. Vance  
(Name of Person)

Carol A. Vance, Esq. CPA, LLC  
(Firm/Company)  
411 55th Avenue  
St. Pete Beach, FL 33706  
(Address)

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN -8 PM 12:42

FILED

For further information concerning this matter, please call:

Carol A. Vance at 727 367-1222  
(Name of Person) (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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Retirement Concierge, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

411 55th Ave  
St Pete Bch, FL  
33706

**Mailing Address:**

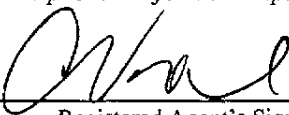
same

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

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

\_\_\_\_\_  
Name  
**Carol A. Vance**  
\_\_\_\_\_  
**411 55th Avenue**  
Florida street address (P.O. Box NOT acceptable)  
**St. Pete Beach, FL 33706**  
\_\_\_\_\_  
**FLORIDA**  
\_\_\_\_\_  
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, Florida Statutes..*

  
Registered Agent's Signature

**FILED**  
04 JAN - 8 PM 12:12  
TALLAHASSEE, FLORIDA  
SECURITY

**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

Carol A. Vance  
411 55th Avenue  
St. Pete Beach, FL 33706

MGRM

Loyd S. Pettegrew  
411 55th Avenue

St. Pete Beach, FL 33706

MGRM

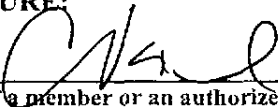
Michael C. Valdes  
2904 Magdalene Woods Dr  
Tampa, FL 33618

Article V - Effective Date

please make effective date 1-1-04

**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.)

Carol A Vance  
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)