

**L04000010481**Florida Department of State  
Division of Corporations  
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(((H04000027745 3)))

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

Flynn &amp; Associates, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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TALLAHASSEE, FL

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2-2-04

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H04000027745

ARTICLE I - Name

The name of the Limited Liability Company is: **Flynn & Associates, LLC**

ARTICLE II - Address

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

Principal Office Address:

8811 Forest Lake Drive

Port Richey, FL 34668

Mailing Address:

8811 Forest Lake Drive

Port Richey, FL 34668

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

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

Jerry Flynn

Name

8811 Forest Lake Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Port Richey, FL 34668

(City / State / Zip)

04 FEB -6 04 9:57  
SECRETARY  
TALLAHASSEE, FL

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.

X

  
Registered Agent's Signature - Jerry Flynn

ARTICLE IV - Manager(s) or Managing Member(s): H04000027745  
The name and address of each Manager or Managing Member is as follows:

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

<u>MGRM</u>	<u>Jerry Flynn - 8811 Forest Lake Drive, Port Richey, FL 34668</u>
<u>MGRM</u>	<u>Faye Flynn - 8811 Forest Lake Drive, Port Richey, FL 34668</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

REQUIRED SIGNATURE:

X   
Signature of a member or 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.)

Jerry Flynn

Typed or printed name of signee

APPROVED  
AND  
FILED  
04 FEB - 6 AM 9:30  
SECRETARY OF THE  
TALLAHASSEE COUNTY