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TRANSMITTAL LETTER

	gistration Section vision of Corporations
SUBJECT:	WELCH INVESTMENT ADVISORY, LLC
	(Name of Limited Liability Company)
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	William Godfrey Welch, II
	(Name of Person)
	Welch Investment Advisory, LLC
	⁻ (Firm/Company)
	2695 NW 29th Street
	(Address)
	Boca Raton, Florida 33434
	(City/State and Zip Code)
For further in	nformation concerning this matter, please call:
William G.	. Welch, IIat (561) 504-5301
	(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

The name of the Limited	l Liability Comp	any is:				
Welch Investment Advisor	y, LLC	·*		, etc	"	y -
ARTICLE II - Address The mailing address and		f the principal	office of the Lim	ited Liability	Compan	y is:
Principal Office Addre	ss:		Mailing Addre	ess:		
2695 NW 29th Street		<u>. </u>	Same ⁻			-
Boca Raton, Florida 33434	!					
						•
ARTICLE III - Registe	ered Agent, Reg	istered Office	& Registered A	Agent's Signa	ature:	-
The name and the Florid				-5		
Willia	ım Godfrey Welch				04 HAR	
70		- Name		1 v 2 5 2 4 4	•	
2695	NW 29th Street		. سيوند .	بِيْعَد :	, 75 	-
	Florida street add	ress (P.O. Box N	T acceptable)			!]
Boca	Raton,		ORIDA 33434	<u>ूर्</u> हाड	9: 35	
	City	, State, and Zip		1	· · - ·	

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.

Walliam Godfu Wells II
Registered Agent's Signature

Page 1 of 2 (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	•		Name a	nd Addres	<u>s:</u>			
"MGRM" = Managing M	ember							
MGR			William G. Welch, II					
	÷		2695 NW 29th Street					
			Boca Ra	ton, FI 3343	4			
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NOTE: An additional a	ırticle mu	ist be	added if	an effective	e date is requ	uested.		
REQUIRED SIGNATU	RE:							
1/2/	<i>'</i>	./	//	///				
_ l'as	Mins-	<u> 12</u>	1/1/6	111	<i>H</i>			
Signature of a	member o	r an at	ithorized r	epresentative	e of a member.			
(In accordance of this docume that the facts s	ent constitut	tes an at	ffirmation u	rida Statutes, under the pena	the execution alties of perjury			
William G. W	/elch, II		E					
the state of the s	Typed	d or pri	nted name o	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)