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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

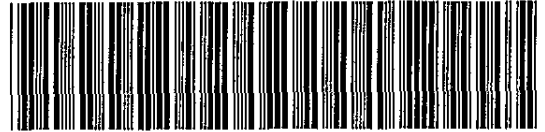
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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[Signature]



Prudent Fiduciary Advisors, LLC  
25533 Oaks Blvd.  
Land O' Lakes, Florida 34639  
(813) 503-4312 Office  
(813) 994-8460 Fax

March 24, 2004

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

Dear Sir or Madam:

Enclosed you will find an application for an LLC designation. Please note that I have attached a check for \$130.00. This is to cover the filing fee (\$100), designation of registered agent fee (\$25) and certificate of status fee (\$5). Please feel free to contact me should you require any additional information.

Sincerely,

David L. Lawrence  
Principal

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Prudent Fiduciary Advisors, 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:

David L. Lawrence  
(Name of Person)

Prudent Fiduciary Advisors, LLC  
(Firm/Company)

25533 Oaks Blvd.  
(Address)

Land O' Lakes, Florida 34639  
(City/State and Zip Code)

For further information concerning this matter, please call:

David L. Lawrence  
(Name of Person)

at ( 813 ) 503-4312  
(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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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Prudent Fiduciary Advisors, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

25533 Oaks Blvd.

Land O' Lakes, Florida 34639

**Mailing Address:**

25533 Oaks Blvd.

Land O' Lakes, Florida 34639

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

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

David L. Lawrence

Name

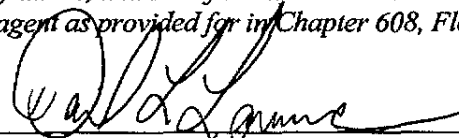
25533 Oaks Blvd.

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

Land O' Lakes, FLORIDA 34639

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

**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

David L. Lawrence

25533 Oaks Blvd.

Land O' Lakes, Florida 34639

MGRM

John Elbare

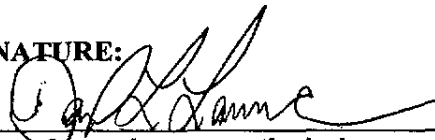
2261 Groveland Drive

Lutz, Florida 33549

(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.)

David L. Lawrence

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)**