

LD4000044129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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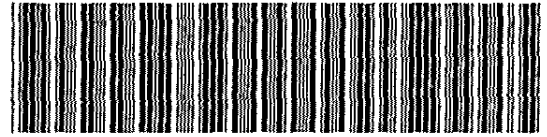
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE FLORIDA PLANNING GROUP, 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:

Peter G Fager  
(Name of Person)

THE FLORIDA PLANNING GROUP, LLC  
(Firm/Company)

3679 Webber ST  
(Address)

Sarasota, FL 34232  
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter G Fager at (941) 924 6882  
(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

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REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**THE FLORIDA PLANNING GROUP, LLC**

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

3679 WEBBER ST  
SARASOTA, FL 34232

SAME

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

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

PETER G. FAGER  
Name

3679 WEBBER ST  
Florida street address (P.O. Box NOT acceptable)

SARASOTA, FL, 34232  
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..*

Peter G Fager  
Registered Agent's Signature

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Peter G. Fager  
1832 Cottonwood TR  
Sarasota, FL 34232

MGRM

Jan A. ROTH  
6135 TURNBURY PK DR 6206  
Sarasota, FL 34243

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Peter G. Fager

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.)

Peter G. Fager

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/21/08 PM 1:05

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