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LIMITED LIABILITY COMPANY

Retirement Benefit Solutions LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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FAX AUDIT # 11040001503243

**ARTICLES OF ORGANIZATION
OF
Retirement Benefit Solutions LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Retirement Benefit Solutions LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1597 Rockdale Loop, Heathrow, Florida 32746.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Barry Shiffman, 1597 Rockdale Loop, Heathrow, Florida 32746. Located in the County of Seminole.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company are:

Barry Shiffman, 1597 Rockdale Loop, Heathrow, Florida 32746.


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated
8025 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

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FAX AUDIT # 41040001503293CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Retirement Benefit Solutions LLC**

The name and address of the registered agent and office is Barry Shiffman, 1597
Rockdale Loop, Heathrow, Florida 32746. Located in the County of Seminole.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: 

Barry Shiffman

Date: July 16, 2004

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