

Division of Corporations

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**04000092067**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811RECEIVED  
04 DEC 20 AM 8:05  
DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

401k Maximizer LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

401K MAXIMIZER LLC

**ARTICLE II ADDRESS**

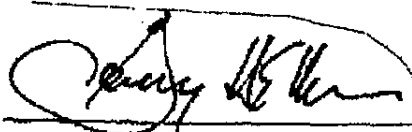
The mailing address and street address of the principal office of the Limited Liability Company is:

425 SHERWOOD FOREST DRIVE  
DELRAY BEACH, FL 33445**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

GARY ELSNER  
425 SHERWOOD FOREST DRIVE  
DELRAY BEACH, FLORIDA 33445

Having been named as registered agent 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..



GARY ELSNER / Registered Agent's Signature

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ARTICLE IV MANAGEMENT

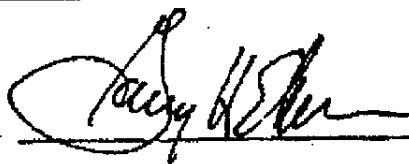
The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

Managing Member: GARY ELSNER ; 425 SHERWOOD FOREST DRIVE DELRAY BEACH, FLORIDA 33445

Managing Member: SCOTT GIBSON ; 1063 HILLSBORO MILE, #209 HILLSBORO BEACH, FLORIDA 33062



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.)

GARY ELSNER  
Typed or printed name of signee

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