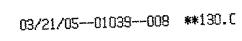
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(F	Requestor's Name)	
(A	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nar	ne)
(C	Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rubert Financial 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:
Hector John Rubert (Name of Person)
Rubert Financial Group LLC (Firm/Company)
21643 Hobby Horse LN (Address)
Christmas FL 32709 (City/State and Zip Code)
For further information concerning this matter, please call: Hector John Rubert at (407) 568-1688 = 5
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\Begin{array}{c} \text{ \$130.00 Filing Fee & Certificate of Status} \text{ \$Certified Copy (additional copy is enclosed)} \$Certified Copy (additional copy

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Rubert Financial	Group LLC
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
21643 Hobby Horse Liv Christmas, FL 32709	21643 Hobby Horse LN Christmas, FL 32709
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Hector John Name	gistered agent are: Rubert Robert 2
21643 Hobby Hor Florida street addr	Se LW ess (P.O. Box NOT acceptable) FL 32709
Christmas FL City, State, ar	FL 32709
	ccept service of process for the above stated limited is certificate. I hereby accept the appointment as

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..

Registered Agent's Signature

(CONTINUED)

	inager(s) or Managing Member(s): ess of each Manager or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Manager	Name and Address:	
MGRM	Hector John Rubert 21643 Hobby Horse LN Christmas, FC 32709	
(Use attachment if r	necessary)	
NOTE: An addition	onal article must be added if an effective date is requested.	
(1)	gnature of a member or an authorized representative of a member. n accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)	
Filing Fees:	Typed or printed name of signee	- C - F

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)