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2005 MAR 29 P 2: 36 SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW [MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2005 MAR 29 P 2: 36

SUBJECT: The Money Trainer 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: Ruben V. Rozental (Name of Person) The Money Trainer LLC (Firm/Company) 1355 Camellia Circle (Address) Weston, Florida 33326 (City/State and Zip Code) For further information concerning this matter, please call: 389-6039 Ruben V. Rozental (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & □ \$155.00 Filing Fee & **☑** \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY P 2: 36

ARTICLE I - Name: The name of the Limited Liability Company is	TALLAHASSEE, F
The name of the Entitled Enablity Company is	
The Money Trainer LLC	
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1355 Camellia Circle	1355 Camellia Circle
Weston, Florida 33326	Weston, Florida 33326
ARTICLE III - Registered Agent, Registere The name and the Florida street address of the Ruben V. Rozental	
Name	
1355 Camellia Circle	
Florida street ad	dress (P.O. Box NOT acceptable)
Weston, Florida 33326	_FL
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete parts.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)

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: Name and Address: 2005 MAR 29 P 2: 36 "MGR" = Manager "MGRM" = Managing Member SECRETARY OF STATE TALLAHASSES, FLORIDA Ruben V. Rozental MGRM 1355 Camellia Circle Weston, Florida 33326 (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.) Ruben V. Rozental Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)