

WS0000045511

## Florida Department of State

Division of Corporations

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DIVISION OF CORPORATIONS

## LIMITED LIABILITY COMPANY

Island Financial Group, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Island Financial 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:324 Capri Boulevard324 Capri BoulevardNaples, FL 34113Naples, FL 34113

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

**Benjamin F. Pearson**

Name

**324 Capri Boulevard**(P.O. Box or Mail Drop Box **NOT** Acceptable)**Naples, FL 34113**

(City / State / 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.*

  
Registered Agent's Signature Benjamin F. Pearson

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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:**MGRMOPM Partners- 324 Capri Boulevard, Naples, FL 34113

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
 Signature of a member or 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. )

**Benjamin F. Pearson****Authorized Representative, OPM Partners**

Typed or printed name of signee

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