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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	T.A.F. Fit	nancials L I Liability Company)	L.C.	
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.		
Please return all correspo	ndence concerning this matter	r to the following:		
	Rebecca	Filosofos Name of Person)	· , ,	
	T.A.F. F	nancials Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
		neland Pike	1	
	Lake W	Cary 71.	32746	
For further information c	oncerning this matter, please		IALLA	2005 DEC
Rebeace	a Filosofos	at (407) 328 - (Area Code & Daytime T	8864 S	1867. 11 3.
	the following amount:	(Area Code & Daylinie 1	elephone Number)	PM 1:
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Film Certificate of Sta Certified Copy (additional copy is c	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
T.A.F Fina	ncials LLC.
	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
743 Keendand Pike	743 Keeneland Pike
32746	32746
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of t	Registered Agent. You must designate an individual or another the registered agent are:
	z Filosofos Pi B
	t address (P.O. Roy NOT acceptable)
Lake Mc City, St	ate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

13.13-05

"MGR" = Manager "MGRM" = Managing Member

The name and address of each Manager or Managing Member is as follows:

Name and Address:

ARTICLE IV- Manager(s) or Managing Member(s):

Title:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Dec. 12, 05 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

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)