

W6000004164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED
06 JAN 24 PM 3:01
TALLAHASSEE FLORIDA

Bank approved

M. HODGES

Date: June 22, 2005

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

Re: **BANKERS RESOURCE, LLC**
Name of Limited Liability Company


Gentlemen:

Enclosed please find the original and one copy of the Articles of Organization.

The payment represents the fees for filing and for a Certificate of Status.

Please send all correspondence concerning this matter to the address below. Thank you.

Very truly yours,


Justine L. Nelson

MAILING ADDRESS

10250 Peoples Loop
Port Richey, FL 34668



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 6, 2005

JUSTINE L. NELSON
10250 PEOPLES LOOP
PORT RICHEY, FL 34668

SUBJECT: BANKERS RESOURCE, LLC
Ref. Number: W05000032625

We have received your document for BANKERS RESOURCE, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Regulation, resubmit the document and the approval letter to the Division of Corporations for filing.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 905A00044969



OFFICE OF FINANCIAL REGULATION

DON B. SAXON
COMMISSIONER

FINANCIAL SERVICES
COMMISSION

JEB BUSH
GOVERNOR

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

CHARLIE CRIST
ATTORNEY GENERAL

July 25, 2005

Mr. Clint R. Nelson
10250 Peoples Loop
Port Richey, Florida 34668

Dear Mr. Nelson:

Re: Bankers Resource, LLC

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

Sincerely,

A handwritten signature in black ink that reads "Linda B. Charity".

Linda B. Charity
Director

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1- Name:

The name of the Limited Liability Company is:

BANKERS RESOURCE, LLC

ARTICLE II- Address:

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

Principle Office Address:

**10250 Peoples Loop
Port Richey, FL 34668**

Mailing Address:

**10250 Bankers Loop
Port Richey, FL 34668**

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Justine L. Nelson
10250 Peoples Loop
Port Richey, FL 34668**

FILED
06 JAN 24 PM 3:02
STATE OF FLORIDA
TALLAHASSEE

Having been named as registered agent and to accept service of process for the above state 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)

ARTICLE IV – Manager(s) and Managing Member(s):

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

Title:

“MGR” – Manager

“MGRM” – Managing Member

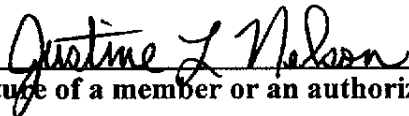
Name and Address:

MGRM

**Justine L. Nelson
10250 Peoples Loop
Port Richey, FL 34668**

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.)

Justine L. Nelson

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)