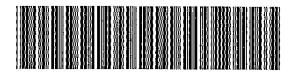
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(Re	equestor's Name)	
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Certified Copies	Certificates	of Status
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JAN 25 2006

COVER LETTER

	istration Section ision of Corporations
SUBJECT:	BENGAZY FINANCIAL GROUP
BODGECT.	(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:
	BERMANN MESADIEU
<u> </u>	(Name of Person)
	BERMANN MESADIEU (Name of Person) BERMANN MESADIEU (Firm/Company) 6123 SW 8 PL (Address)
	(Firm/Company)
	6123 SW 8 PL 근무 것
	(Address)
	GAINESVILLE, FL 32607
	(City/State and Zip Code)
For further in	nformation concerning this matter, please call:
€	BERMANN MESADIEU at (352) 262-9855 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is	a check for the following amount:
☑ \$125.00 F	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Any problem Call

367-262-9855 or 857-333-3947

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2006

BERMANN MESADIEU 6123 SW 8 PL GAINESVILLE, FL 32607

SUBJECT: BENGAZY FINANCIAL GROUP, LLC

Ref. Number: W06000002420



We have received your document for BENGAZY FINANCIAL GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with 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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 906A00003538

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

_ £ > _ # y

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
BENGAZY FINANCIAL GROUP.,LLC	22.
(Must end with the words "Limited Liability Company, "Limite	ed Company" or their abbreviation "LLC," or "L.C.,"
ARTICLE II - Address:	is the same of the
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6123 SW 8 PL	6123 SW 8 PL
GAINESVILLE, FL 32607	GAINESVILLE, FL 32607
	<u></u>
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the inferior of the street address of the inferior of the street address.	
BERMANN MESA	ADIFU!
Name	or agreement to the control of the
6123 SW	
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
GAINESVILLE	
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 pe	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
(CONTIN	•
Page 1 of	2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	2
MGR	BERMANN MESADIEU 6123 SW 8 PL GAINESVILLE, FL 32607
	6123 SW 8 PL
	GAINESVILLE, FL 32607
	See
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	(D)
	
(Use attachment if necessary)	
NEW TOWNS TO SECOND STATE OF THE SECOND SECO	ALA ACCUANT
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL) Despecific and cannot be more than five business days
days after the date of filing.)	e specific and cannot be more than five business days
duys area the dute of himself	
REQUIRED SIGNATURE:	1
	/
/	/
	(Maria (Ro))
/h	resortien)
Signature of a memb	er or an authorized representative of a member.
(In accordance with se	er or an authorized representative of a member. Extion 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

BERMANN MESADIEU

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)