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SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
OF 111N -6 PH 3: 57

J. BRYAN JUN 8 2006

# **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: Albred		nancial Services, LL	_C
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Jade Albr	recht		
		Name of Person)	
		•	ONA
<del></del>	(	(Firm/Company)	SION SECURIOR
2580 Co	ld Creek Blvd		N-6
		(Address)	02P
Jackson	ville, FL 32221		OF JUN -6 PH 3: 57
	(City	/State and Zip Code)	<u> </u>
For further information	. concerning this matter, please	call:	
Jade Albrecht		at (904 ) 707-34	17
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is	ı:	
Albrecht Insurance & Financial Services (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liability Company," Liability Company, "Liability Company, "Liabilit		
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Compar	ıy is:
Principal Office Address:	Mailing Address:	
1820 State Road 13	1820 State Road 13	
Suite 7	Suite 7	
Jacksonville, FL 32259	Jacksonville, FL 32259	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)  The name and the Florida street address of the Jade A Albrecht	registered agent are:	SECRETARY OF COR
Name		P OF S
2580 Cold Creek Blvd	بن ناdress (P.O. Box <u>NOT</u> acceptable)	OF STALE
	•	C)
Jacksonville	FL 32221	
City, State,	and Zip	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated ling this certificate, I hereby accept the appointment of ity. I further agree to comply with the provisions performance of my duties, and I am familiar with of this tistered agent as provided for in Chapter 608, F.S.	as of all and

(CONTINUED) 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 "MGRM" = Managing Member	Name and Address:	
MGRM	Jade A Albrecht 2580 Cold Creek Blvd Jacksonville, FL 32221	<del></del>
MGRM	Tabitha L Albrecht 2580 Cold Creek Blvd Jacksonville, FL 32221	DIVISION OF
		06 JUN -6 PH 3: 57
(Use attachment if necessary)	ne date of filing: (OP	 TIONAL)
n effective date is listed, the date must 90 days after the date of filing.)	be specific and cannot be more than five busin	ess days prio
REQUIRED SIGNATURE:	1 101. 1-	
Signature of a mem	ber or an authorized representative of a member.	
(In accordance with s	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	
mai me racis stated	l 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)