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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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10/25/06--01043--005 **155.00

ATTORNEYS' TITLE Requestor's Name 1965 Capital Circle NE, Suite A Address Tallahassee, FI 32308 850-222-2785 City/St/Zip Phone

ALLAHASSEE, TORDA

RPORATION NAM	IE(S) & DOCUMENT NUMBER(S), (if known):	
FESTIVAL FINANC	CIAL GROUP, LLC	
	·-····································	
Mail-out	Will wait Photocopy Certificate of Status	
W FILINGS	AMENDMENTS	
Profit	Amendment	
Non-Profit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
HER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	

Other

Examiner's Initials



ARTICLES OF ORGANIZATION OF FESTIVAL FINANCIAL GROUP, LLC

ARTICLE I - Name

The name of the Limited Liability Company is FESTIVAL FINANCIAL GROUP, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is 7440 Riverside Drive, Punta Gorda, Florida 33982-1439.

ARTICLE III - Registered Agent and Registered Office

The name and street address of the registered agent of the Company is **John L. Wideikis**, 18401 Murdock Circle, Port Charlotte, Florida 33948-1088.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the member or members and is, therefore, a member-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this ට් day of October, 2006.

John L. Wideikis

Authorized Representative of Member

STATE OF FLORIDA

) ss.

COUNTY OF CHARLOTTE

The foregoing instrument was sworn to and acknowledged before me this ____ day of October, 2006, by JOHN L. WIDEIKIS, who is personally known to me and who did take an oath.

Fawn M. Candelmo
Commission # DD279393
Expires January 6, 2008
Thought Tray Fain - Insurance, Inc. 800-385-7016

Notary Public, State of Florida My Commission Expires:



ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of FESTIVAL FINANCIAL GROUP, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 23 day of October, 2006.

JØHN L.)WIDEIKIS

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