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SECRETARY OF STATE
ALLAHASSEF. FI ORIO

COVER LETTER

TO: Registration Se Division of Con					
SUBJECT: F	OCUS FINANCIA! (Name of Limite	TYOUR LLC - d Liability Company)			٠
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
	Jason G	Name of Person)			_ %************************************
	Premier Mo	tgase Funding Firm/Company)		<u></u>	1. 5
8404	Wilsky Blue		TALLE TALLE	- 71	
Tampa,	FL 33615	(Address)	JAN 23- RETARY AHASSE		
For further information	(City concerning this matter, please		P 2: 40 of STATE E, FLORIDI	O	
Jasou G. V.	often of Person)	at (467 435 - 1 (Area Code & Daytime Te	447D 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 Certificate of Statu Certified Copy (additional copy is enc	is &	
	Mailing Address	Street/Courier Addres	s		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Focus Financial Group LLC.

(Must end with the words "Limited Liability Company," Limited Compan	y" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address: Maili	ng Address:
8404 Wilsky Blud. 840 Tamps, FL 33615 Tam	My Wilsky Blud.
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agen business entity with an active Florida registration.) The name and the Florida street address of the registere Jason G. Name	d agent are: Vou must designate and individual or another Volume Vol

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

(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: Title: "MGR" = Manager "MGRM" = Managing Member MGL Jason G. Norton 5511 110 Arc # 208 Rivelles Pack, Fit 33 182 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.)

Jason G. Norton

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)