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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations Fax Number : (850)205-0383

From:

To:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (850)878-5925

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED 07 JAN 29 PM 3: 44 SECRETARIASSEE, FLORIDE

Cadence Advisers LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cadence Advisers, LLC

(Must end with the words "Linstitud Linbility Company, "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

C-2, No. 363

777 East Atlantic Avenue

Del Ray, Florida 33483

777 Bast Atlantic Avenue	
C-2, No. 363	
Del Ray, Florida 33483	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot surve as its own Registered Agent. You must designate an individual or another business entity with an active Fiorida registration.)

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

C T Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box <u>NOT</u> acceptable) <u>Plantation, Florida 33324</u> City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited ilability 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.

C T Corporation System



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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

MGR

Del Rey, Florida 33483

777 East Atlantic Ave. C-2, No. 363

Michael Margolics

Name and Address:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ________ (OPTIONAL) (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.)

REOUIRED 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 perfury that the facts stated herein are true.)

Robert Mazzeo

Typed or printed name of signee

Filing Feer.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$-30.00 Certified Copy (Optional)

\$ 5.80 Certificate of Status (Optional)

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