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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FINANCIAL Service ASSOCIATES, CLC (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:
(Name of Person)
(Name of Person)
Findneint Service ASSOCIATES, ILC
(Fim/Company)
3914 Turkey OAK Dr. (Address)
VATrico, FC 33554 (City/State and Zip Code)
(City/State and Zîp Code)
For further information concerning this matter, please call:
(Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\begin{align*} \preceque \text{\$130.00 Filing Fee & \$\begin{align*} \precept{\$155.00 Filing Fee & } & \$\begin{align*} \precept{\$155.00 Filing Fee & } & \$\begin{align*} \precept{\$160.00 Filing Fee, } & \$\begin{align*} \$160.0

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

Street/Courier Address
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:	
Financial Service	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3914 Turkey OAK Dr VAIrico, FL 33594	3914 Turkey Oak Dr VATrico, FC 33551
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the recommendation of the results of the	ered Agent. You must designate an individual or another egistered agent are:  A. Pe Ve a.  OAK DV ress (P.O. Box NOT acceptable)

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Meml	ber
Mar	Richard A. Perea 3914 Turkey OAK Dr
MOR	Raymond P. Virgilio 7211 Himmorha Prut Spring Hill, FC 34606
(Use attachment if necessary	)
ARTICLE V: Effective date, if other	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior
20.	Vee =
(In accordance	ce with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury

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)