

LO7000051396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

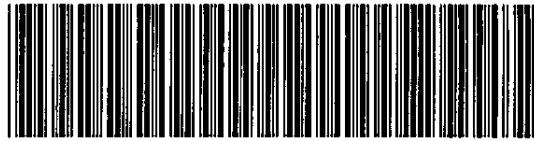
W07-21159

DB

Office Use Only

EFFECTIVE DATE

5-8-07



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05/01/07--01011--011 \*\*125.00

FILED  
07 MAY 14 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RPH Fiscal Group, LLC.  
(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:

Roxanne Harper

(Name of Person)

(Firm/Company)

115 Hallum Drive

(Address)

Auburndale, FL 33823

(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Roxanne Harper

(Name of Person)

at (

863

(Area Code & Daytime Telephone Number)

944-9039

Enclosed is a check for 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 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:

RPH Fiscal Group, LLC.

(Must end with the words "Limited Liability 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:

115 Hallum Drive  
Auburndale, FL 33823

#### Mailing Address:

502 W. Belmar Street  
Lakeland, FL 33803

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a separate business entity with an active Florida registration.)

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

Douglas V. Bailey, Sr. c/o IRA Wealth Acceleration, LLC.

Name

439 S. Florida Avenue #300

Florida street address (P.O. Box **NOT** acceptable)

Lakeland FL 33801

City, State, and Zip

*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)

EFFECTIVE DATE 5-8-07

(CONTINUED)

Page 1 of 2

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07 MAY 14 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2007

ROXANNE HARPER  
115 HALLUM DRIVE  
AUBURNDALE, FL 33823

SUBJECT: RPH FISCAL GROUP, LLC  
Ref. Number: W07000021159

FILED  
07 MAY 14 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RPH FISCAL GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 1, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 407A00030649

**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

**Name and Address:**

MGR

Roxanne Harper

115 Hallum Drive

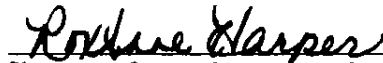
Auburndale, FL 33823

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 8, 2007. (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.)

**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.)

Roxanne Harper

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)**

**FILED**  
07 MAY 14 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA