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(Re	equestor's Name)	
(Ad	dress)	
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE.FLORIDA

W1-99135

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Financial Advisory net CC (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:
Brett Brenner (Name of Person)
Financial Advisory. Not
P.O. Box 2112 (Address)
Ponte Vaclua H. 32004-2112 (City/State and Zip Code)
For further information concerning this matter, please call:
Brett Brewer at (904) 568-7474 (Area Code & Daytime Telephone Number) S S S S S S S S S
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & \$\times \text{\$155.00 Filing Fee & \$\times \text{\$160.00 Filing Fee,} }\\ Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Certified C
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
324 Ceth Ave. N. A.O. Box 2112 Jacksonville Boach F1 Pointe Vedra Boch F1 32250 32004-Z112
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 another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Buch Buch Buch Name
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 familtar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (REQUURED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Man	nager	Name and Address:	
"MGRM" = M 	anaging Member	Buett Buenner 324 Gth Aug. N. Jacksonville Bouch, Fr	
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ffective date is	e date, if other than the	e date of filing: (OP) be specific and cannot be more than five busine	ΓΙΟΝΑL) ess days μ
CLE V: Effective date is	ve date, if other than the listed, the date must be date of filing.)	e date of filing: (OPT be specific and cannot be more than five busine	ΓΙΟΝΑL) ess days p
CLE V: Effective factive date is leading to the days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	be specific and cannot be more than five busing	ΓΙΟΝΑL) ess days p
CLE V: Effective factive date is less after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a premo (In accordance with se of this document consthat the facts stated	be specific and cannot be more than five businesses of paragraphic statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	TIONAL) ess days p SECRETARY O

ARTICLE IV- Manager(s) or Managing Member(s):

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)