

LO7000106 312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

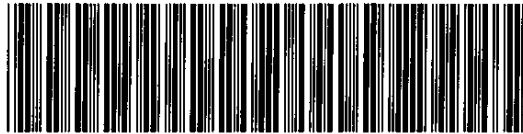
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W07-49501

DB

Office Use Only



000110023260

10/04/07--01013--003 **125.00

FILED
07 OCT 18 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

September 4, 2007

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

SUBJECT: ARTICLES OF ORGANIZATION

RE: FINANCIAL PLANNING AND Insurance Services L.L.C.

FILED
07 OCT 18 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed are an original and one (1) copy of the articles of organization of ASSOCIATE INSURANCE AGENCY, L.L.C.

FEES:

We have enclosed our check number #638 in the amount of \$125.00 for:

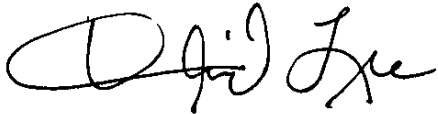
- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent

FROM:

Name
Address
City, State & Zip
Daytime Telephone number

DAVID LEE
1205 S. LAKES END DR. APT B2
Fort Pierce FL 34982

Sincerely yours,



DAVID LEE

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2007

DAVID LEE
1205 S. LAKES END DR., APT B2
FT. PIERCE, FL 34982

SUBJECT: ASSOCIATE INSURANCE AGENCY, L.L.C.
Ref. Number: W07000049501

FILED
07 OCT 18 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ASSOCIATE INSURANCE AGENCY, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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
Regulatory Specialist II

Letter Number: 907A00058755

ARTICLES OF ORGANIZATION
FOR

FINANCIAL PLANNING & ~~ASSOCIATE~~ INSURANCE ~~AGENCY~~ Services L.L.C.

A
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FINANCIAL PLANNING &

The name of the Limited Liability Company is: ~~ASSOCIATE~~ INSURANCE
~~AGENCY~~ Services L.L.C.

ARTICLE II - Address:

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

1205 S. LAKES END DR. APT. B2
FORT PIERCE FL 34982

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

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

DAVID LEE
1205 S. LAKES END DR. APT B2
FORT PIERCE FL 34982

07 OCT 18 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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, Florida Statutes..



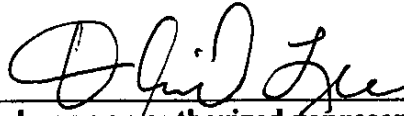
Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

Managing Member:

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.)

DAVID LEE

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 18 PM 2:29

FILED