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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Sec Division of Cor			
SUBJE	CT: <u>y</u> <u>F</u>	OREXONE FINANCIAL (Name of Limited	LLC . I Liability Company)	
The enn	lored Articles of	Organization and fee(s) are su	hmitted for filing	
		ondence concerning this matter	_	
_	Adebay	o Orenuga		
		1)	Name of Person)	
-	FOREXO	NE FINANCIAL, LLC	Firm/Company)	
-	P.O. Bo	x 11455	(Address)	
	Tampa	FL 33680	÷	
_		(City/	State and Zip Code)	
For furt	her information c	oncerning this matter, please c	all:	
	Adebayo	Orenuga	at (<u>813</u>) <u>486-239</u>	9
	(Name	of Person)	(Area Code & Daytime Te	
Enclose	ed is a check fo	r the following amount:		•
□ \$125	.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	S

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
FOREXONE FINANCIAL, 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 print	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
4900 Manatee Ave. West	P.O. Box 11455			
Bradenton, FL 34209	Tampa, FL 33680			
(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 registration.				
Name	The services of the services o			
4900 Manatee Avenue	West ASE 22 L			
Florida street address (P.O. Box NOT acceptable)				
Bradenton FL 34209	FL STORY			
City, State, and	d Zip			
liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete	scept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member President/CEO Adebayo Orenuga P.O. Box 11455, Tampa, FL 33680 (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.) **REQUIRED SIGNATURE:** Odeboxp Orennga 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.) Adebayo Orenuga Typed or printed name of signee

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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