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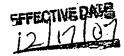
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SECRETARY OF STATE
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· COVER LETTER

TO	: Registration Section . Division of Corporations				
	BJECT: Jergers Financial Services 220 (Name of Limited Liability Company)				
SUBJECT: (Name of Limited Liability Company)					
7771.					
1 N	enclosed Articles of Organization and fee(s) are submitted for filing.				
Ple	ase return all correspondence concerning this matter to the following:				
	Mr. Gregory L. Jerger, Sr. (Name of Person)				
	(Name of Person)				
	Jergers Financial Services 120 (Firm/Company)				
(Firm/Company)					
	10615 Pinencedle Drive (Address) Fort Pierce, Florida 34945				
	(Address)				
	Fort Pierce, Florida 34945				
	(City/State and Zip Code)				
For	further information concerning this matter, please call:				
	Gregon L. Jerger, Sr. at (772) 940-6081 (Name of Person) (Area Code & Daytime Telephone Number)				
	(Name of Person) (Area Code & Daytime Telephone Number)				
Enc	losed is a check for the following amount:				
\$ 1:	25.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{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:

Jergers Financial Services, La (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	!C.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	bility Company	is:
Principal Office Address: 10615 Pinenceck Unix 10615 Pinence Fort Pierce, Hands 34945 Fort	ecche Drie Frenc, Horas	ve vide
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individ business entity with an active Florida registration.)	Signature:	
The name and the Florida street address of the registered agent are: Cregory L. Jager, Sq.	O7 DEC 19 PM 12: 55 SECRETARY OF STATE TALLAHASSEE FLORIDA	

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)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	foregon L. Serger Sa. 10 6/5 Pineneidle Bring Fort Frence Florida 34945
180 (80) 10 10 10 10 10 10 10 	
	
(Use attachment if necessary)) / 10 2 mm
ARTICLE V: Effective date, if other than the off off an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: December 17, 2007. (OPTIONAL) specific and cannot be more than five business days prior
	TAFEC TO
REQUIRED SIGNATURE:	DEC 19 PH CRETARY OF LAHASSEE
Signature of a member	or an authorized representative of a member.
(In accordance with sect of this document constitute that the facts stated here.)	utes an affirmation under the penalties of perjury
Gregory	12. Jerger Sr. ed or printed name of signee
7 199	or printed traine or 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)