

LD800000 2353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

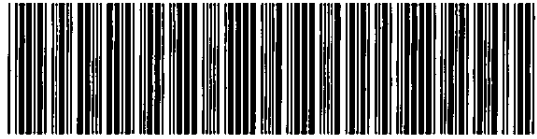
(Document Number)

Certified Copies _____

Certificates of Status _____

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08 JAN -7 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Thomas JAN -8 2008

Dear Sir/Madam:

Please register the enclosed articles of organization. My name is Kathie A. Whittaker. I can be reached at 561 625 3004. My address is:

Kathie A. Whittaker
13016 49th St. N.
Royal Palm Beach, Florida 33411

Check is enclosed of
\$125.0 Filling fee
\$30.00 Certified Copy fee
\$5.00 Certificate of Status

Total check \$160.00

Thank you

Kathie A. Whittaker

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Financial Blessings & Securities, LLC.

(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:

13016 49th S. N.

Royal Palm Beach

Florida, 33418

Mailing Address:

13016 49th S. N.

Royal Palm Beach

Florida, 33418

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:

Kathie A. Whittaker

Name

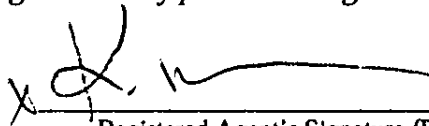
13016 49th St. N.

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

Royal Palm Beach, FL 33418

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)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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:

MGRM

Kathie A. Whittaker

13016 49th St. N.

Royal Palm Beach, Florida 33418

MGRM

William J. Whittaker

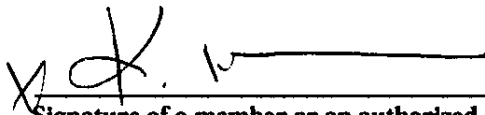
13016 49th St. N.

Royal Palm Beach, Florida 33418

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 3, 2008. (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.)

KATHIE A. WHITTAKER

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)

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TALLAHASSEE, FLORIDA