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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Business Planning & Financial Solutions, LLC
(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:
Ellen R. Wong
(Name of Person)
Business Planning & Financial Solutions, LLC
(Firm/Company)
4807 NW 72 Place
(Address)
Coconut Creek, FL 33073
(City/State and Zip Code)
For further information concerning this matter, please call:
Ellen R. Wong at (754) 234.1029
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ΤI	CI	\mathbf{E}	I	_	N	am	e:
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The name of the Limited Liability Company is:

Business Planning & Financial Solutions, 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:	Mailing Address:	
4807 NW 72 Place	4807 NW 72 Place	
Coconut Creek, FL 33073	Coconut Creek, FL 33073	_
	 , 	_

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:

Name

4807 NW 72 Place

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

Coconut Creek, FL 33073

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager		Name and Address:	
"MGRM" = Manag			
MGR		Clar D. Wass	
WIGK	•	Ellen R. Wong 4807 NW 72 Place	
		Coconut Creek, FL 33073	
	•	Cocondit Greek, PE 33073	
	•		
			
(Use attachment if r	• •		(OPTIONAL)
CLE V: Effective dat effective date is listed days after the date	l, the date must be	date of filing: specific and cannot be more than five by	usiness days p
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)