

L080000 45070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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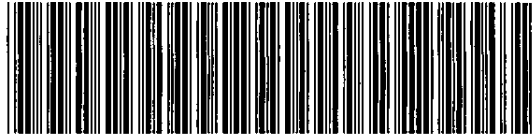
(Business Entity Name)

(Document Number)

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05/05/08--01052--019 \*\*125.00

Effective Date 05/01/08

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY -5 PM 1:48

T. HAMPTON

MAY - 6 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Treasure Coast Wealth Advisors, L.L.C.  
(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:

Robert M. Fullerton

(Name of Person)

(Firm/Company)

3001 N.W. Windemere Drive

(Address)

Jensen Beach, Florida 34957

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Fullerton

(Name of Person)

at ( 772 ) 692-0799

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

Effective Date 05/01/08

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Treasure Coast Wealth Advisors, L.L.C.

(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:**

3001 N.W. Windermere Drive  
Jensen Beach, Florida 34957

3001 N.W. Windermere Drive  
Jensen Beach, Florida 34957

**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:

Robert M. Fullerton

Name

3001 N.W. Windermere Drive

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

Jensen Beach, Florida, 34957

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.*

Robert M. Fullerton

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Duke Machini

4732 S.E. Mizner Place

Stuart, Florida 34997

MGRM

Robert M. Fullerton

3001 N.W. Windemere Drive

Jensen Beach, Florida 34957

MGRM

Danny L. Sands

8501 S. Indian River Drive

Fort Pierce, Florida 34982

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: May 1, 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.)

**Robert M. Fullerton**

Typed or printed name of signer

**Filing Fees:**

**9125.00 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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