

LO8000057887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

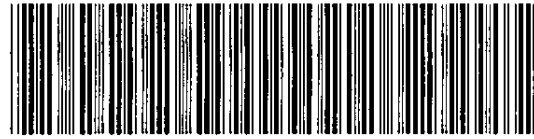
(Business Entity Name)

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08 JUN 12 AM 11:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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08 JUN 12 PM 1:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR
JUN 12 2008
EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 •
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LCA Financial Management
LLC

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- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: Seth 6/12 11:00
Name Date Time

Walk-In Will Pick Up

ARTICLES OF ORGANIZATION
FOR
LCA FINANCIAL MANAGEMENT, LLC
A FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA
STATE

ARTICLE I - Name

The name of the limited liability company is **LCA FINANCIAL MANAGEMENT, LLC**

ARTICLE II - Address

The initial mailing address and street address of the principal office of the limited liability company is 800 N Highland Ave., Suite 200, Orlando FL 32803.

ARTICLE III - Duration

The Company shall be dissolved and its affairs wound up in accordance with the Florida Limited Liability Company Act (the "Act") and the Company's Operating Agreement on December 31, 2057 unless the term shall be extended by amendment to the Company's Operating Agreement and this Certificate, or unless the Company shall be sooner dissolved and its affairs wound up in accordance with the Act or the Company's Operating Agreement.

ARTICLE IV - Management

The limited liability company is to be managed by one or more managers, and the name and address of the managers who are to serve as the initial managers of the limited liability company are:

Lee Chira
800 N Highland Ave
Orlando FL 32803

Michelle Carlton
800 N Highland Ave
Orlando FL 32803

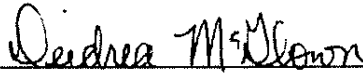
ARTICLE V - Admission of Additional Members

The admission of additional members to the limited liability company shall require the consent and shall be on such terms and conditions as are determined by a vote of not less than one hundred percent (100%) of the Percentage Interests (as defined in the regulations of the Company) of the then existing members of the limited liability company.

ARTICLE VI - Members' Rights to Continue Business

The remaining members of the limited liability company shall have the right to continue the business of the limited liability company on the death, bankruptcy or dissolution of a member or the occurrence of any other event as specified in the regulations of the limited liability company which results in the disassociation of a member from the limited liability company, upon the written consent of not less than fifty one percent (51%) of the Percentage Interests (as defined in the regulations of the Company) of such remaining members to continue the business of the limited liability company.

Executed this 10th day of June, 2008.



Deidrea McGlown,
Authorized Representative of a Member

This document was prepared by
and should be returned to:

Lee Chira
800 N Highland Ave
Orlando FL 32803

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE
FOR
LCA FINANCIAL MANAGEMENT, LLC
a Florida limited liability company**

Pursuant to the provision of Section 608.415 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating its registered office/registered agent in the State of Florida.


1. The name of the limited liability company is:

LCA FINANCIAL MANAGEMENT, LLC

2. The name and address of the registered agent and office is:

Deidrea McGlown
800 N Highland Ave
Orlando FL 32803

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.



Deidrea McGlown

Date: June 10, 2008