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J. BRYAN

JAN - 6 2009

EXAMINER

FLORIDA COMPLIANCE SPECIALISTS, INC.	
DAVE TAYLOR, PRESIDENT	
2333 Hansen Lane, Suite 3 Tallahassee, Florida 32301 Voice: (850)942-5464 Fax: (850)942-5111 dave@floridacompliance.com www.floridacompliance.com	
	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
1. H+M FINANCIAL S	Services LLC STORY STORY
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	
	(Document #)
Walk in Pick up time	
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY ARTICLE I - Name: The name of the Limited Liability Company is: H+M Financial SORVICES, 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:** 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: DAVID MECHANIC 18680 SE OLO TRAIL DRIVE EAST Florida street address (P.O. Box NOT acceptable) JUPITER FL 34 33478 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

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	DAVID B MECHANIC 18680 SE OLD TRAIL DRIVE E JUPITER FL 33478
	BOJAN-6 TARY SECRETARY SECRETARY SECRETARY SS
(Use attachment if necessary)	PR 3:55 PR 3:55

ARTICLE V: Effective date, if other than the date of filing: JACUALY 5 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.)

D B. MECHACIC

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)