

L09000024338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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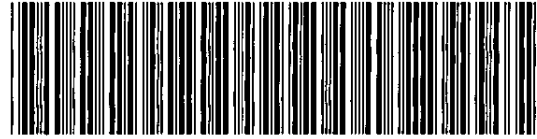
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09 MAR 12 PM 4:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
MAR 13 2009  
EXAMINER

FILED  
09 MAR 12 AM 8:15  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILED  
09 MAR 12 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** KATIE WONSCH

**DATE:** 03/12/09

**REF. #:** 000169.101343

**CORP. NAME:** PERSONAL WEALTH PLANNING, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 529596 **FOR \$** 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
PERSONAL WEALTH PLANNING, LLC**

FILED  
09 MAR 12 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes for the purpose of forming a limited liability company, under the laws of the State of Florida, do hereby set forth the following:

**ARTICLE I  
NAME**

The name of the limited liability company is:

**PERSONAL WEALTH PLANNING, LLC**

**ARTICLE II  
PERIOD OF DURATION**

The period of duration of the limited liability company shall be from the date of filing these Articles of Organization until the dissolution of the limited liability company pursuant to provisions of the Florida Limited Liability Company Act.

**ARTICLE III  
PURPOSE**

The purpose for which the limited liability company is organized is to engage in financial planning services and all other business and activities permitted by the laws of the State of Florida. The limited liability company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

**ARTICLE IV**  
**ADDRESS OF PLACE OF BUSINESS**

The mailing address, and the place of business in Florida, is 450 North Park Road,  
Suite 608, Hollywood, FL 33021.

**ARTICLE V**  
**REGISTERED AGENT**

The name and address of the initial registered agent in Florida of the limited liability  
company is Bruce M. Gottlieb, Esq., 125 North 46th Avenue, Hollywood, FL 33021.

**ARTICLE VI**  
**ADDITIONAL CONTRIBUTIONS**

The total additional contributions, if any, agreed to be made by all members and the  
times at which, or the events happening of which, that shall be made are as follows: No total  
additional contributions have been agreed to at the date of filing these Articles of  
Organization. Additional contributions, if any, will be made upon unanimous agreement by  
all of the members of the limited liability company, and in accord with Chapter 608 Florida  
Statutes.

**ARTICLE VII**  
**MEMBERS**

The initial member of the Organization is:

Robert A. O'Toole

100%

Members may admit additional members upon unanimous agreement of the then  
existing members.

**ARTICLE VIII**  
**CONTINUITY OF BUSINESS**

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the business of the limited liability company shall not be continued and the limited liability company shall be dissolved unless there is obtained the consent of all the remaining members of the limited liability company.

**ARTICLE IX**  
**MANAGEMENT**

The limited liability company is to be managed by its manager. The name and address of the initial manager of the limited liability company is as follows:

NAME:

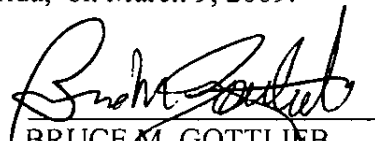
ROBERT A. O'TOOLE

ADDRESS:

450 North Park Road, Suite 608  
Hollywood, FL 33021

I AM HEREBY FAMILIAR WITH AND ACCEPT THE DUTIES  
AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID  
CORPORATION.

EXECUTED at Hollywood, Florida, on March 9, 2009.

  
BRUCE M. GOTTLIEB  
Authorized Representative/  
Registered Agent

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing Articles of Organization were acknowledged before me on March 9, 2009, by BRUCE M. GOTTLIEB, as Authorized Representative/Registered Agent of PERSONAL WEALTH PLANNING, LLC a Limited Liability Company to be formed, who is personally known to me or who has produced his N/A as identification and who did take an oath.

NOTARY PUBLIC:

Sign: Angela Williams

Print: ANGELA WILLIAMS

My Commission Expires:

