

LD9000027964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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09 MAR 20 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. C. G. 2009

MAR 23 2009

John V. Childers, Jr.  
Attorney



D. Bryce Finley\*  
Attorney  
\*also licensed in Nevada

March 16, 2009

Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Wealth Escalator, LLC

Dear Sir or Madam:

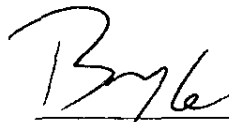
Enclosed please find the following with regard to the above matter:

- Articles of Organization;
- Cover Letter to Registration Section;
- Our check in the amount of \$130.00
- Our self-addressed, stamped envelope.

Would you be so kind as to file the above Articles and return it to me in the enclosed self addressed, stamped envelope.

Thank you for your assistance in this matter. If you should have any questions, please do not hesitate to contact me.

Sincerely,

  
\_\_\_\_\_  
D. Bryce Finley, Esq.

DBF:ce  
Encls.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WEALTH ESCALATOR, 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:

D. BRYCE FINLEY

(Name of Person)

CHILDERS FINLEY, P.A.

(Firm/Company)

1509 GREEN MOUNTAIN DRIVE

(Address)

LITTLE ROCK,

(City/State and Zip Code)

For further information concerning this matter, please call:

CHERIE ELSON

(Name of Person)

at ( 501 ) 372-6592

(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 (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WEALTH ESCALATOR, 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:

7480 Narcoossee Road

Suite G

Orlando, Florida 32822

Mailing Address:

7480 Narcoossee Road

Suite G

Orlando, Florida 32822

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 R Early

Name

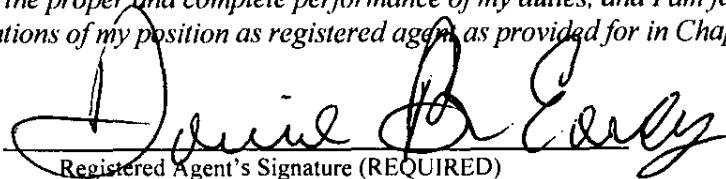
7480 Narcoossee Road Suite G

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

Orlando, Florida 32822

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)

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TALLAHASSEE FLORIDA

(CONTINUED)

**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:**

MGR

David R Early

7480 Narcoossee Road Suite G

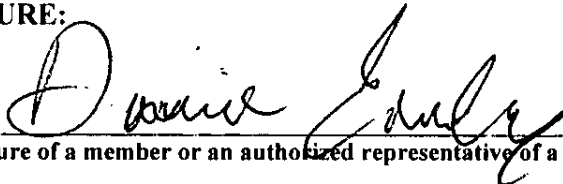
Orlando, Florida 32822

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**David R Early**

Typed or printed name of signee

09 MAR 20 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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)