

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
(City/State/Zip/Pilotte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(4-3-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Codifical Consideration of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600146427596

03/24/09--01028--018 **130.00

O9 MAR 24 PM 2: 34
SEGNETARY OF STATE

D. BRUCE

MAR 25 2009

EXAMINER

COVER LETTER

	Registration : Division of C						
SUBJEC	T •	Private Client Advis	ors, LLC				
SUBJEC	1.	(Name of Limit	ed Liability Comp	any)		•	
The enclo	sed Articles o	of Organization and fee(s) are	submitted for filing	g.			
Please ret	urn all corres	pondence concerning this mat	ter to the following	3;			
	Brar	ndon A. Dorsey					
			(Name of Person)			<u></u>	
	Priva	ate Client Advisors,	LLC				
			(Firm/Company)				
	182	Thornton Drive					
			(Address)		20	09	
	Palm	n Beach Gardens, F	L 33418		AH	09 MAR	ï
		(Cit	y/State and Zip Code	e)	SSE	24	** 20g
For furthe	er information	concerning this matter, please	e call:		E FLO	PH 2:	
Brande	on A. Doi	rsey	_{at (} 561	385-8875	ATE RIDA	သ္	
	(Name	e of Person)	(Area Cod	le & Daytime Tele	phone Number)		
Enclosed	is a check f	or the following amount:					
□\$125.00	Filing Fec	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	atus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations duilding ecutive Center C see, FL 32301	ircle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	\mathbf{C}	LE	Į.	- N	am	e
---	---	----	--------------	----	----	-----	----	---

The name of the Limited Liability Company is:

Private Client Advisors, 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:
182 Thornton Drive	182 Thornton Drive
Palm Beach Gardens, FL 33418	Palm Beach Gardens, FL 33418

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:

Lissa Jolivert Dorsey

Name

182 Thornton Drive

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

Palm Beach Gardens, F_FL 33418

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)

(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:

$\frac{\text{Title:}}{\text{"MGR"}} = \text{Ma}$		Name and Address:			
"MGRM" = N	Managing Member	Brandon A. Dorsey			
- INCIAN		182 Thornton Drive			
		Palm Beach Gardens, FL 33418			
				•	
		-			
(Use attachme	ent if necessary)				
RTICLE V: Effectification of an effective date is or 90 days after the	listed, the date must b	e date of filing: be specific and cannot be more than five b	(OPTIO usiness	NAL) days j	orior
REQUIRED	SIGNATURE:		Ā	0	
	5		CORET	09 MAR	
	Signature of a member	For an authorized representative of a member.	AR)	24	-
	(In accordance with se of this document const that the facts stated I	ction 608.408(3), Florida Statutes, the execution litutes an affirmation under the penaltics of perjury herein are true.)	E. FLO	PH 2:	
	Brandon A. Do	orsey	ATE RID	34	
		ped or printed name of signee	Þ		

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)