LV900069683

(Requestor's Name)
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07/20/09--01023--020 **160.00

EFFECTIVE DATE 7 18 09

O9 JUL 20 AM 8: 15 SECRETARY OF STAFE TALLAHASSEE, FLORING

B. KOHR

JUL 2 2 2009

EXAMINER

COVER LETTER

то:	Registration Division of C			
SUBJE		EDISO	N ADVISORS, L.L.O	5 . 1 1.
			tod Linbility Company	
The enc	closed Articles	of Organization and fee(s) are	submitted for filing.	CTIVE DATE THE
Please r	eturn all corres	pondence concerning this ma		
		DA	NIEL MIRONOV	表 20
			Name of Person	SEE FLO
_			Firm/Company	
		16124	VIA MONTEVERDE	
_			Address	
ia di Tika	٠	DELRA	Y BEACH, FL., 33446	
		Ci	ty/State and Zip Code	
·	121430102	dar	cpa@yahoo.com	
	101 101		for future annual report notification	n)
For furtl	her information	concerning this matter, pleas	e call:	
		EL MIRONOV	_at (561)	637-4902
	Name	e of Person	Area Code & Daytime	Telephone Number
Enclose	ed is a check f	for the following amount:		
]\$125.0	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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

EFFECTIVE DATE 7/18/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	09:JUL 20
EDISON ADVISO	RS LIC See 是 O
(Must end with the words "Limited Liabilit	ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16124 VIA MONTEVERDE DELRAY BEACH, FL., 33446	16124 VIA MONTEVERDE DELRAY BEACH, FL., 33446
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
DANIEL MIF	SONOV
Name	\text{\text{ONOV}}
16124 VIA MON	
Florida street address (P.O. I	 ' '
DELRAY BEACH, 33446	
City, State, and	o Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	DANIEL MIRONOV
	16124 VIA MONTEVERDE
	DELRAY BEACH, FL., 33446
	
(Use attachment if necessary)	
CLE V: Effective date, if other t ffective date is listed, the date days after the date of filing.)	than the date of filing: JULY 18, 2009. (OPTION must be specific and cannot be more than five business d
REQUIRED SIGNATURE:	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

DANIEL MIRONOV

Typed or printed name of signee