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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only/Otale/Elp/r Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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# COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: L	M FINANCIAL	Snoup, LLC.	
	***	ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
Jone	S E. MORGON ,	Name of Person	
	FINDACIAL GR		
		Tim/Company	
226-	5 SoloWA Rd	· Suite 137	
PONTE	Vedra Bearl	Address FL. 32082	
<u></u>	1. Margan 56 e	Yphoo con- for future annual report notification)	
	oncerning this matter, pleas		
I'm Mor	1	_at ( <u>984</u> ) <u>994 - 80</u> Area Code & Daytime Telep	(08
Name of	rerson	Area Code & Daytime Telep	none Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Must end with the words "Limited Liability	ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1201 151 St. N. Unit 1201	226-5 SolaMA Rd. Suite 137 Ponte Vedau Beech, FL. 32082
Spock SONVILLE Beach, FL 32250	Suite 137
MOCK BONVILLE DECKLIKE 32250	PONSE VERILLE DOEST, TL. 32082
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	egistered agent are:
Jones E. Mores	egistered agent are:  AHASS  23
Name	·**
1201 185 57. N. Florida street address (P.O.)	Box NOT acceptable)  Fig. 2 To 10 To
Tocksonville Beech City, State, an	FL 32288 >
City, State, an	d 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 his 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

(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> "MGD" = Manage	Name and Address:	
"MGR" = Manage "MGRM" = Manag		
MGRM	Keyle D. Morean 1201 15 St. N. Unit 1201 Joshson Ville Brack Fr. 32260	
MGRIOI	Jones E. Mopeon, JR. 1201 12 To. N. Whit 1201 Joshson Ville Beach, FL 32250	
(Use attachment if	necessary)	
ARTICLE V: Effective da	ate, if other than the date of filing: (OPTIONAL ed, the date must be specific and cannot be more than five business days	prior
REQUIRED SIGN		5
$\bar{\mathbf{s}}$	Signature of member or an authorized representative of a member.	
(	(In accordance with section 608.408(3), Florida Statutes, the execution	
- <u>Filing Fees:</u>	that the facts stated herein are true.)  Tomes 13. Manager 12.  Typed or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)