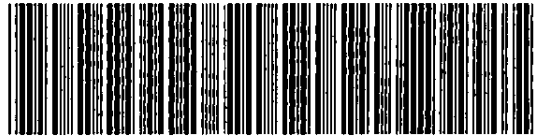


L10000020369

Thomas Mark Wilson
Lighthouse Freedom Financial LLC
6719 S. Lockwood Ridge Rd.
Sarasota, FL 34231



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02/23/10--01015--020 **160.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A. LUNT

FEB 23 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lighthouse Freedom Financial 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:

6719 S. Lockwood Ridge Rd.
Sarasota, FL 34231

Mailing Address:

6719 S. Lockwood Ridge Rd
Sarasota, FL 34231

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:

Thomas Mark Wilson

Name

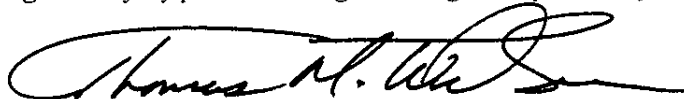
6719 S. Lockwood Ridge Rd.

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

Sarasota, FL 34231

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

Thomas Mark Wilson
6719 S. Lockwood Ridge Rd.
Sarasota, FL 34231

Manager

Douglas N. Berkey
330 South Orange
Sarasota FL 34236

Manager

Judith A. Wilson
6719 S. Lockwood Ridge Rd
Sarasota FL 34231

Member

Michael A. Wilson
6719 S. Lockwood Ridge Rd
Sarasota, FL 34231

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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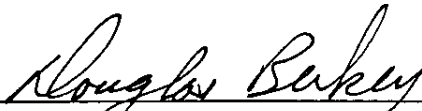
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

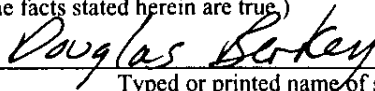
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



Typed or printed name of signee

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)