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C. LEWIS

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EXAMINER

## COVER LETTER

6 3	TO: 7. Registration Division of C	Section orporations					
	SUBJECT: Purpose	eful Wealth Advisors, Ll					
		Name of Limit	ted Liability Company				
	The enclosed Articles of	of Organization and fee(s) are	submitted for filing.				
	Please return all corresp	pondence concerning this mat	ter to the following:				
	Kevin Hernar	ndez, Esquire		<del> </del>			
			Name of Person				
	Purposeful W	ealth Advisors, LLC					
			Firm/Company				
	28059 US Highway 19 N. Suite #101						
			Address				
	Clearwater, F						
		Cit	ty/State and Zip Code				
	ccmoya@tam	pabay.rr.com F-mail address: (to be used	for future annual report notification)	<del>-</del>			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:							
	Carol C. Moya		at ( 727 ) 771-8287				
		of Person	Area Code & Daytime Telep	hone Number			
	Enclosed is a check for	or the following amount:					
J	☑\$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 Ci Tallahassee, FL 32301	rcle			

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Purposeful Wealth Advisors, LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
28059 US Highway 19 N. Suite #101 Clearwater, FL 33761	28059 US Highway 19 N. Suite #101  Clearwater, FL 33761
ADTICLE III Degistered Agent Degistered	Office & Desistend Assets Sisses
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the rep	gistered agent are:
Kevin Hernandez, Esquire Name	Suite #101  Suite #101  Sign   Price   Price
28059 US Highway 19 N.	Suite #101
	ess (P.O. Box NOT acceptable)
Clearwater City, State	FL 33761 5m N
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete per	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all commance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILED

#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: 2010 HAR 22 PM 12: 43

MGR	Kevin Hernandez, Esquire	
	28059 US Highway 19 N. Suite #101	
	Clearwater, FL 33761	
MGR	Carol C. Moya	
	PO Box 636	
	Oldsmar, FL 34677	
MGR	Thomas Scallon	
	11102 Carrollwood Drive	
	Tampa, FL 33618	
(Use attachment if necessary)		
TEV. Effective data if other than	the date of filing: 03/15/2010 . (OPTIONA	
	st be specific and cannot be more than five business days	

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.)

Kevin Hernandez, Esquire

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)