

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : DAVID FONG  
Account Number : T20020000037  
Phone : (407) 706-1378  
Fax Number : (407) 706-1379

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: dfongcpa@hotmail.com

**FLORIDA LIMITED LIABILITY CO.**

**F&A Financial Services, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**EXAMINER**  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name of Limited Liability Company:

F&A Financial Services, LLC

### ARTICLE II - Principal & Mailing Address:

105 E State Road 434  
Winter Springs, FL 32792

### ARTICLE III. - Registered Agent, Registered Office, & Registered Agent's Signature:

David Fong  
Name

105 E State Road 434  
Florida Street Address

Winter Springs, FL 32792  
City, State, 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.

 7/2/10  
Registered Agent's Signature Date

### ARTICLE IV - Management:

The Limited Liability Company is to be managed by the member and the name and address of the managing member is:

David Fong 3942 Cool Water Ct., Winter Park, FL 32792

  
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.)

David Fong  
Typed or Printed Name of Signee

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