Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000155978 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MICHAEL D. HORLICK, P.A.

Account Number: 072100000126 Phone : (941)484-5656

Fax Number : (941)484-1650

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

Emnil Address: fullspectrumrp@comcast.net

FLORIDA LIMITED LIABILITY CO. Full Spectrum Retirement Plans, LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$155.00	اً ا
nit manata m	7\0	AUUU 16592

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

Fax Audit # H10000155978

Articles of Organization of Full Spectrum Retirement Plans, LLC

(A Florida Limited Liability Company)

The undersigned organizer hereby adopts these Articles of Organization for the purpose of forming a Limited Liability Company under The Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes (the "Act").

- 1. <u>NAME</u>. The name of this limited liability company (the "Company") is **Full** Spectrum Retirement Plans, LLC.
- 2. **EFFECTIVE DATE AND DURATION**. The existence of the Company shall commence on July 7, 2010. The period of duration of the Company shall be perpetual.
- 3. <u>PURPOSE</u>. The purpose and business of the Company shall be to engage in any lawful act or activity which may be carried on by a limited liability company under the Act.
- 4. MAILING ADDRESS AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address and street address of the principal office of the Company is: 992 Tamiami Trail, Suite H1, Port Charlotte, Florida 33953-3868.
- 5. **REGISTERED AGENT**. The name and address of the initial Registered Agent of the Company is: Germaine Leverette, 992 Tamiami Trail, Suite H1, Port Charlotte, Florida 33953-3868.
- 6. MANAGEMENT BY MANAGER. A Member of the Company shall not be a Manager by virtue of his or her status as a Member. The Company shall be managed by one or more Managers appointed by the Members. The name and address of the initial Manager who shall manage the Company is as follows:
 - Germaine Leverette, 992 Tamiami Trail, Suite H1, Port Charlotte, Florida 33953-3868
- 7. <u>ADDITIONAL MEMBERS</u>. New Members may be admitted only upon the unanimous written consent of the Members and in accordance with restrictions set forth in the Operating Agreement of the Company.

Fax Audit # H100001559783

Michael D. Horlick, P.A.: 1314 E. Venice Avenue, Suite D Venice, Florida 34285 (941) 484-5656 FL BAR #: 0292583

1

Fax Audit # H100001559783

8. **LIMITED LIABILITY**. No Member or Manager or agent of the Company shall be liable under a judgment or decree, or order of a court, or in any other manner for any debt, obligation, or liability of the Company.

IN WITNESS WHEREOf the undersigned, as Authorized Representative, hereby executes these Articles of Organization this 7^{th} day of July, 2010.

Michael D. Horlick

"Authorized Representative"

Fax Audit # H100001559783

FULL SPECTRUM RETIREMENT PLANS, LLC

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Having been designated Registered agent to accept service of process for the above stated Full Spectrum Retirement Plans, LLC, at the place designated in this Certificate, the undersigned, Germaine Leverette, whose address is 992 Tamiami Trail, Suite H1, Port Charlotte, Florida 33953-3868, does hereby accept the designation and agree to act in that capacity, and agrees to comply with the provisions of Florida Statutes relative thereto.

DATED: July 7, 2010

Germaine Leverette, Registered Agent