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(Re	questor's Name)	
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(6)	ACT TO THE	- 40
(Cit	y/State/Zip/Phone	9 ₩)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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B. KOHR

**EXAMINER** 

SEP - 8 2010

DIVISION OF CORPORATIONS

10 SEP -7 PM 4: 45

# **COVER LETTER**

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то:	Registration Division of C			
SURIE	CT. KADES	SH FINANCIAL SERVIC	CES. LLC	."
30201			ted Liability Company	
				<b>4 2 2 3 3 3 3 3 3 3 3 3 3</b>
The end	closed Articles	of Organization and fee(s) are	submitted for filing.	10 SEP -7 PM LA US
Please	return all corres	pondence concerning this mat	tter to the following:	٢ ۾
	KAYLA BRY	ANT		¥
			Name of Person	F
	KADESH FIN	NANCIAL SERVICES, LL	С	
			Firm/Company	
	500 W. LANI	ER AVENUE SUITE 60 <sup>.</sup>	1	
			Address	
	FAYETTEVIL	LLE, GA 30214		
·		Cir	ty/State and Zip Code	
_	INFO@KADE	SHFINANCIAL.COM		
		E-mail address: (to be used	for future annual report notification)	
For fur	her information	concerning this matter, pleas	e call:	
12.83.41	• BBV4.U=		7/0	
KAYL	A BRYANT	of Person	at ( 770 ) 716-5556  Area Code & Daytime Telep	L XI
	Tanne	or reison .	Area Code & Daytine Telep	mone Number
Enclose	ed is a check f	or the following amount:		
□\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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	rcle

Tallahassee, FL 32301

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

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## KADESH FINANCIAL SERVICES, 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:	Mailing Address:	
500 W. LANIER AVENUE	500 W. LANIER AVENUE	
SUITE 601	SUITE 601	
FAYETTEVILLE, GA 30214	FAYETTEVILLE, GA 30214	

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:

KAYLA BRYANT	
	Name
3505-A LILLIAN RO	DAD
Florida s	street address (P.O. Box <u>NOT</u> acceptable)
TALLAHASSEE	FL 32305
	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)

(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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	K. BRYANT 500 W. LANIER AVENUE SUITE 601 FAYETTEVILLE, GA 30214
<u></u>	
· 	
(Use attachment if necessary)	
ICLE V: Effective date, if other than effective date is listed, the date m 90 days after the date of filing.)	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
Signature of a n	hember or an authorized representative of a member.
(In accordance w	vith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)
KAYLA BRYAI	NT 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)