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COVER LETTER

TO: ' Registration Section Division of Corporations
SUBJECT: Florida Retirement Planning Group Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Timothy J. Green Name of Person
Firm/Company
34007 Sabal Way
Addiva
Leesburg, FL 34788 City/State and Zip Code
City/State and Zip Code Gim-treen & Camcast.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Timothy J. Green at (352) 989 - 6388 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee \$\
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Retirement Plannie (Must end with the words "Limited Liability)	19 Group, LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
34007 Sabal Way Leesburg, Fr 34788	Same-
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the remarked Timetry J. G. Name 34007 Sabal Florida street address	gistered agent are: Yeen Way ess (P.O. Box NOT acceptable)
Leesburg City, Stat	FL 34788 e, and Zip
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept 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 formance of my duties, and I am familiar with and

(CONTINUED)
Page 1 of 2

<u> Title:</u>	nger or Managing Member is as follows: Name and Address:
"MGR" = Manager	Name and Address.
"MGRM" = Managing Member	
MGR	Timothy V. Green 34007 Sabal Way
	1007 Sabal Way
WA COM	Di
MGRM	Kobin L. Green
	Leesburg, FL 34788
	3)
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
(Use attachment if necessary)	
LE V: Effective date, if other than th	e date of filing: (OPTIONAI be specific and cannot be more than five business days
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)