

L10000099499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

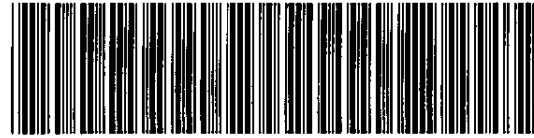
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/22/10--01043--003 \*\*160.00

EFFECTIVE DATE 9/20/2010

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 22 PM 4:55

B. KOHR

SEP 23 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Kovack Financial LLC**  
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:

Ronald Kovack  
Name of Person

Kovack Financial LLC  
Firm/Company

6451 North Federal Highway ste 1201  
Address

Ft. Lauderdale, Florida 33308  
City/State and Zip Code

ron@kovsec.com  
E-mail address: (to be used for future annual report notification)

**EFFECTIVE DATE 9/20/2010**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 22 PM 14 55

For further information concerning this matter, please call:

R. J. Kovack at ( 954 ) 782-4771  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 Circle  
Tallahassee, FL 32301

EFFECTIVE DATE 9/20/2010

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kovack Financial LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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DIVISION OF CORPORATIONS  
10 SEP 22 PM 1:55

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

6451 N. Federal Hwy. ste1201  
Ft. Lauderdale, Fl. 33308

6451 N. Federal Hwy ste 1201  
Ft. Lauderdale, Fl. 33308

**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:

R J Kovack  
Name

6451 N. Federal Hwy ste 1201  
Florida street address (P.O. Box NOT acceptable)

Ft. Lauderdale, Fl. 33308 FL  
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.*

*R. J. Kovack*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

