## 10000102477

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
·		
(Cit	ty/State/Zip/Phone	e #)
. PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		•

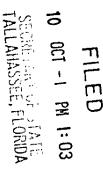
Office Use Only



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Effective Date 0//01/11

09/23/10--01031--009 \*\*130.00



W1-44760

J. BRYAN

OCT -1 2010

**EXAMINER** 

## **COVER LETTER**

то:	Registration S Division of Co			
SUBJI	ECT: Foundat		s, Limited Liability Company ed Liability Company	
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this matt	ter to the following:	
	Tanya Mauro			
			Name of Person	
			Firm/Company	1
	225 Water Str	reet STE 2100	SET SET	2
			Address	
	Jacksonville,			ယ်
	tmauro@onlir		y/State and Zip Code	
	tillauro@oniii		for future annual report notification)	
For fu	rther information	concerning this matter, please	e call:	
Tany	a Mauro		_at ( 904) 861-0703	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclo	sed is a check fo	or the following amount:		
□\$125	.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 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	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2010

TANYA MAURO 225 WATER STREET STE 2100 JACKSONVILLE, FL 32202

SUBJECT: FOUNDATION INVESTMENT SERVICES, LIMITED LIABILITY

COMPANY

Ref. Number: W10000044760

We have received your document for FOUNDATION INVESTMENT SERVICES, LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 23, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 810A00022768

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMEANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	美 上 四
Foundation Investment Services, L.L.C	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	<del>P</del>
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13873 Bella Riva Lane	13873 Bella Riva Lane
Jacksonville, FL 32225	Jacksonville, FL 32225
Saint Johns, City, Sta	egistered agent are:  Effective Date 0//0///  Esss (P.O. Box NOT acceptable)  FL 3 2759  Tee, and Zip
liability company at the place designated in the 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 his 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 tered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

<u><b>Title:</b></u> "MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Paul V Scott
	13873 Bella Riva Lane
	Jacksonville, FL 32225
MGRM	Kris S Williams
<u></u>	348 Summerset Ct
	Saint Johns, FL 32259
<del></del>	
71.	
(Use attachment if necessary)	
•	he date of filing:January 1, 2011 (OPTION)
LE V: Effective date, if other than the fective date is listed, the date must	
LE V: Effective date, if other than tefective date is listed, the date must	
LE V: Effective date, if other than tefective date is listed, the date must	
LE V: Effective date, if other than t	he date of filing: (OPTIONAL be specific and cannot be more than five business day
LE V: Effective date, if other than t fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than tefective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a men	t be specific and cannot be more than five business da

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)