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Effective Date 12/16/10

SECRETARY OF STATE OF STATE

T. HAMPTON DEC. 2 1 2010

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COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Secured Wealth Mana	gement, LLC
Name of Limit	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Nilo A. Sudbrack	
	Name of Person
Secured Wealth Manager	nent, LLC
	Firm/Company
2225 SW 25th Avenue	
	Address
Miami, Florida 33145	
Ci	ty/State and Zip Code
support@internationalinvestmer	ntstrategies.com for future annual report notification)
For further information concerning this matter, pleas	
Nilo A. Sudbrack	_ _{at} (305) 333-8483
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\frac{1}{2}\$130.00 Filing Fee \$\frac{1}{2}\$Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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 12/10/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Secured Wealth Management, 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:
2225 S.W. 25th Avenue	2225 S.W. 25th Avenue
Miami, Florida 33145	Miami, Florida 33145

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:

Nilo A. S	Sudbrack
	Name
2225 8	S.W. 25th Avenue
	Florida street address (P.O. Box NOT acceptable)
Miami	_{FL} 33145
	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

PIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Nilo A. Sudbrack	
	2225 S.W. 25th Avenue	
	Miami, Florida 33145	
	-	
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 16th, 2010 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nilo A. Sudbrack

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)