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PICK-UP	MAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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COVER LETTER

TO:	Registration Division of C	n Section Corporations	·	
SUBJ	ECT: Step	hen L. Philpott & A	Associates, LLC	
3020			d Liability Company	
The e	nclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please	return all corre	espondence concerning this matte	er to the following:	
	Stepher	n L. Philpott		
			Name of Person	
			Firm/Company	
	2472 Di	mini Lane	The company	
	2412 DII	TIBITI Lane	Address	
		landala El 00040		
	Fort Laud	lerdale, FL 33312	//State and Zip Code	
	Slipknott4	26@msn.com		
			or future annual report notification)	
For fu	orther information	on concerning this matter, please	call:	
Step	ohen L. Phi	lpott	at (954) 240-4440	
	Nan	ne of Person	Area Code & Daytime Telephone Number	
Enclo	sed is a check	for the following amount:		
√\$ 125,0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	us &
		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	

AKTICLES OF OKGANIZATION FOR FLORIDAT	
ARTICLE I - Name: The name of the Limited Liability Company is:	11 JAN -3 PH 3: 51 C
Stephen L. Philpott & Associates, LL	C PH
(Must end with the words "Limited Liability Company,	"L.L.C.," or "LLC.") ي ج نب ج
ARTICLE II - Address:	91
The mailing address and street address of the principal of	ice of the Limited Liability Company i
Principal Office Address: Mailing	Address:
	mini Lane
Fort Lauderdale, FL 33312 Fort Lau	iderdale, FL 33312
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent. Y business entity with an active Florida registration.)	ou must designate an individual or another
The name and the Florida street address of the registered	agent are: EFFECTIVE DATE 30 10
Stephen Philpott	EFECTIVE 10/001
Name	Et.
2472 Bimini Lane	
Florida street address (P.O. E	ox NOT acceptable)
Fort Lauderdale, FL 33312 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Name and Address:
"MGRM" = Managing Member	
MGRM	Stephen L. Philpott
	2472 Bimini Lane
	Fort Lauderdale, FL 33312
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	the date of filing: Dec 30,2010 (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	. () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

(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

Signature of amember or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

Stephen L. Philpott

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)