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SECRETARY OF STATE DIVISION OF CORPORATION:

T. HAMPTON

FEB 1 5 2011



COVER LETTER

•	
TO: Registration Section Division of Corporations	
SUBJECT: The Advisory 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:	
Joshua K. Greenberg	
Name of Person	
Firm/Company	
950 South Pine Island Road Sui	te 1035
Plantation FL 33324 City/State and Zip Code	18.00
City/State and Zip Code Joshva 954@ Cmails Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Joshva K. Greenberg at (954) 437-4082 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &
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 1 - Name: The name of the Limited Liability Company is:				
Must end with the words "Limited Liability	y 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:			
950 South Pine Island Road#1035 Fort Lauderdale, FL 33315	Sone			
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 re	gistered agent are:			
Joshua K. Greenberg				
950 South Pine Island Road # 1035 Florida street address (P.O. Box NOT acceptable) Plantation FL 33324				
City, State, 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 tered agent as provided for in Chapter 608, F.S.			
Registered Agent' Signatur	re (REQUIRED)			
(CONTINU	JED)			
Page 1 of 2	STATE OF STATE			

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 "MGRM" = Managing Member	Name and Address:
MGRM — Managing Member	Joshua & Green be/g man 1000 Tangelo Isle Fort Lauderdale, FL 33315
(Use attachment if necessary)	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	W
(In accordance with section 608, constitutes an affirmation under I am aware that any false inform	f or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Joshyg Tyl	ped or printed name of signee 9

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)

SECRETARY OF STATE ON SIGNE CORPORATIONS