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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Experienced Advisor	ors Recruiting, LLC
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	·
David J Moran	
	Name of Person
Experienced Advisors	Recruiting, LLC
	Firm/Company
6390 NW 106th Terrac	ce
	Address
Parkland	
Ci	ty/State and Zip Code
F_mail address: (to be used	for future annual report notification)
	•
For further information concerning this matter, pleas	e can:
David J Moran	_ _{at (} 305) 342-3535
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \tag{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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Experienced Advisors Recruiting, 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:
6390 NW 106th Terrace	6390 NW 106th Terrace
Parkland, FL 33076	Parkland, FL 33076

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:

David J Moi	an
	Name
6390 NW	/ 106th Terrace
FI	orida street address (P.O. Box NOT acceptable)
Parkland	FL 33076
	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

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	David J Moran
	Parkland FL
MODM	
MGRM	Michael E Kitces
	Bethesda, MD
MGRM	Caleb Brown
	Tallahasse, FL
(Use attachment if necessary) CLE V: Effective date, if other than th	e date of filing: (OPTIONA)
effective date is listed, the date must l D days after the date of filing.)	be specific and cannot be more than five business days
REQUIRED SIGNATURE:	A
Signature of a memb	per or an authorized representative of a member.
	cer of any authorized representative of a inchiber.
(In accordance with section 60 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)

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)

Typed or printed name of signee