

L11000056470

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EFFECTIVE DATE
5/10/11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 12 PM 3:31

N. Culligan MAY 12 2011

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Retirement & Risk Management Solutions, 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:

Dionne C. Fajardo

Name of Person

Wiand Guerra King P.L.

Firm/Company

3000 Bayport Drive, Suite 600

Address

Tampa, FL 33607

City/State and Zip Code

dfajardo@wiandlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dionne C. Fajardo

Name of Person

at (**813**) **347-5118**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2011

DIONNE C. FAJARDO
WIAND GUERRA KING P.L.
3000 BAYPORT DRIVE, SUITE 600
TAMPA, FL 33607

SUBJECT: RETIREMENT & RISK MANAGEMENT SOLUTIONS, LLC
Ref. Number: W11000025355

We have received your document for RETIREMENT & RISK MANAGEMENT SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 711A00011165

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Retirement & Risk Management Solutions, 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:

600 Cleveland Street, Suite 600
Clearwater, FL 33755

Mailing Address:

600 Cleveland Street, Suite 600
Clearwater, FL 33755

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:

John P. Connelly

Name

600 Cleveland Street, Suite 600

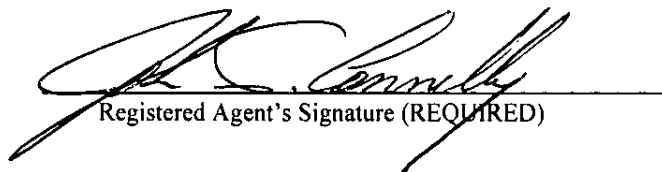
Florida street address (P.O. Box **NOT** acceptable)

Clearwater FL 33755

City, State, and Zip

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John P. Connelly

600 Cleveland Street, Suite 600

Clearwater, FL 33755

MGRM

Barbara O'Brien

4341 Acer Grove Road, C300

Springfield, IL 62707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 10, 2011. (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.)

John P. Connelly

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)

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