L11000071604

,
(Requestor's Name)
(Address)
, ,
(6-17
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======, ====,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



000208433550

Effective Date (25-1)

06/08/11--01007--013 **130.00

SECRETARY OF STATES

J. SAULSBERRY EXAMINER

JUN 20 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Retire Advisory Group 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:
RICK Permanant Name of Person
Name of Person
N A Firm/Company
Firm/Company
800 Oak Bend Way Address Address
Address
TAKACATA EL SUNUM BUTE
City/State and Zip Code (ick & refire advisory group. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rick Permanand at au 941, 371-4019
Name of Person Area Code & Daytime Telephone Number
Figure 1 is a sheet for the following amount:
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
- D () Li dick a leady

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Elimited E	iability Company i	is:	
The	Petire Advis	sory Group LLC.	
		ability Company, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and str	reet address of the	principal office of the Limited	Liability Company is:
Principal Office Address:	i	Mailing Address:	
900 Ock Bend Garosoto, Fu	Way 34240	800 Oak Bend Sarasotu, Fu	Way . 34240
<u> </u>			
	nnot serve as its own Reg	red Office, & Registered Agen gistered Agent. You must designate an in	dividual or another
(The Limited Liability Company car	nnot serve as its own Reg da registration.) treet address of the	gistered Agent. You must designate an in	dividual or another
(The Limited Liability Company car business entity with an active Flori-	nnot serve as its own Reg da registration.) treet address of the lick G	gistered Agent. You must designate an in e registered agent are: 2 Μαη αν θ	dividual or another
(The Limited Liability Company car business entity with an active Flori-	nnot serve as its own Reg da registration.) treet address of the Rick G Nam	gistered Agent. You must designate an in e registered agent are: 2 Man and ne Bend Way	dividual or another 2011 JUN 16 ALLIA HASSEE
(The Limited Liability Company car business entity with an active Flori-	treet address of the lick GN Nam 800 Oak Florida street a	gistered Agent. You must designate an in e registered agent are: 2 Wan and ne Bend Way address (P.O. Box NOT acceptable)	dividual or another 2011 JUN 16 PM SECRETARY OF S
(The Limited Liability Company car business entity with an active Flori-	nnot serve as its own Reg da registration.) treet address of the lick G Nam 800 Oak Florida street a Sava So ta	gistered Agent. You must designate an in e registered agent are: 2 Man and ne Bend May address (P.O. Box NOT acceptable)	dividual or another 2011 JUN 16 PM SECRETARY OF S

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)

ÅRTICLE 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 M μ (L	Rick Permanand 800 Oak Bend Way Sarasota, Fr. 34240
MGRM	Alisha Permanand 800 Oak Bend Way Savasota, Fl. 34240
	7ALL A
(Use attachment if necessary)	JUN 16 PM AHASSEEFFEO
ARTICLE V: Effective date, if other than t	- Lool :
REQUIRED SIGNATURE:	P
Signature of a men	nber or an authorized representative of a member.
(In accordance with section 6	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.)

Typed or printed name of signee

rermanand

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)