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FLORIDA TRUST FUND PENSIONS CONSULTANTS LLC

TYPE OF FILING: ARTILCES OF ORGANIZATION

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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: FLORIDA TRUST FUND PENSIONS CONSULTANTS, 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: Moshe Lehrfield Name of Person Greenberg Traurig, P.A. Firm/Company 333 Avenue of the Americas Address Miami, FL 33131 City/State and Zip Code lehrfieldm@gtlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Rodriguez Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Piling Fee ☐\$130.00 Filing Fee & ■\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA TRUST FUND PENSIONS CONSULTANTS, 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:	
3121 West Hallandale E	each Blvd.	3121 West Hallandale Beach Blvd.	
Suite 102		Suite 102	
Pembroke Park, FL 33009		Pembroke Park, FL 33009	
The Limited Liability Co	egistered Agent, Rompany cannot serve as its octive Florida registration."	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or mother	
•		s of the registered agent are:	
•	Plorida street addres		
•		s of the registered agent are:	
•	NRAI Services, Inc.	s of the registered agent are:	
•	NRAI Services, Inc.	s of the registered agent are: Name	

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..

NRAI Services, Inc.

Registereti Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: <u>Title:</u> Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Shely Gratsiani 3121 West Hallandale Beach Blvd., S. 102 Pembroke Park , FL 33009 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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.) Moshe Lehrfield Typed or printed name of signee Filing Fees:

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)