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EXAMINER

## **COVER LETTER**

Registration Section

TO:

Division of Corporations
SUBJECT: Advisers Financial 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:
James K. Boyles Name of Person
Advisers Firm/Company GRUP, LLC
11523 Palm Brush TRL # 180
Lakewood Parch, FL 34202 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  James Boyles  at 94/ 757 - 7597 = 8  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \$130.00 Filing Fee & Certificate of Status \$\ (additional copy is enclosed)\$\$  \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# The name of the Limited Liability Company is: Adulted Financial George (Must end with the words "Limited Liability Company, "L.L.C.,"

**ARTICLE II - Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1/523 BAIM BRUSH TRL # 180 LAKE WOOD RANCH, FL 3/202	<u>SAME</u>
2 AKEWOOD RANCH	egistered agent are:

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 Figure (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MRG	JAMES K. Buyles 11523 PACEN BRUSH TRL9 LAKEWOOD RANCH, FL 34
1. 11-12 to lar. 2.	
<del></del>	
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must he	e date of filing: (OPTIONAL)  De specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTIONAL)  De specific and cannot be more than five business days p  er or/an authorized-representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon	er or an authorized representative of a member.  8.408(2), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon	er or an authorized representative of a member.  8.4(8(2), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s. \$17.155, F.S.)