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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

OCT 19 2011

LAW OFFICES OF

# MARSHAL D. GIBSON

PROFESSIONAL CORPORATION

MEMBER OF THE CONNECTICUT  
FLORIDA AND NEW YORK BARS

BOARD CERTIFIED IN  
TAXATION (FLORIDA)

ONE CENTURY TOWER  
265 CHURCH STREET, SUITE 504, NEW HAVEN, CT 06510  
TEL: 203-562-8080  
FAX: 203-624-3388 E-MAIL: MGIBTAX@AOL.COM

NEW YORK OFFICE  
230 PARK AVENUE, SUITE 1000, PMB 1072  
NEW YORK, NY 10169

October 11, 2011

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Robert W. Scott, Jr. Florida Securities LLC

Dear Sir/Madam:

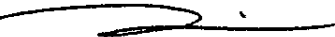
Enclosed please find a fully executed Articles of Organization for Florida Limited Liability Company and cover letter with respect to the above referenced Limited Liability Company, together with a check in the amount of \$155.00 for filing fee and certified copy fee. I have also enclosed an additional copy of the Articles of Organization as requested by you in your cover letter.

Please process the Articles of Organization at your earliest convenience and forward the certified copy to me at 265 Church Street, Suite 504, New Haven, CT, 06510.

If you have any questions, please do not hesitate to call me.

Thank you.

Very truly yours,



Marshal D. Gibson

MDG/jav  
enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ROBERT W. SCOTT, JR. FLORIDA SECURITIES 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:

MARSHAL D. GIBSON

Name of Person

MARSHAL D. GIBSON, PC

Firm/Company

265 Church Street, Suite 504

Address

New Haven, CT 06510

City/State and Zip Code

MGIBTAX@aol.com

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

For further information concerning this matter, please call:

Marshal D. Gibson

Name of Person

at ( 203 ) 562-8080

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ROBERT W. SCOTT, JR. FLORIDA SECURITIES 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:

Bentley Village

32 Gulfside Court Apt. 3232

Naples, FL 34110

### Mailing Address:

Bentley Village

32 Gulfside Court Apt. 3232

Naples, FL 34110

## 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:

ROBERT W. SCOTT, JR.

Name

Bentley Village 32 Gulfside Court Apt. 3232

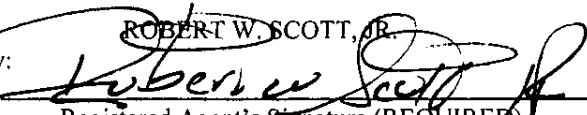
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34110

City, State, and Zip

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

*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.*

By:   
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

ROBERT W. SCOTT, JR.

Bentley Village, 32 Gulfside Court, Apt. 3232

Naples, FL 34110

NON-MGRM

ROBERT W. SCOTT, JR. TRUST

c/o MARSHAL D. GIBSON, Trustee

265 Church St., Suite 504, New Haven, CT 06510

MGRM & NON-MGRM

ROBERT W. SCOTT, JR. 2009 DESCENDANT'S  
TRUST,

c/o MARSHAL D. GIBSON, Trustee

265 Church St., Suite 504, New Haven, CT 06510

NON-MGRM

ROBERT W. SCOTT, JR. FIVE YEAR

SECURITIES GRANTOR RETAINED

ANNUITY TRUST

c/o Robert W. Scott, III, Trustee

66 East Bear House Hill Rd.

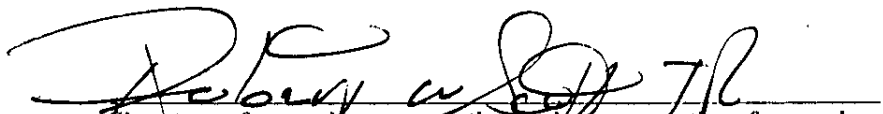
Guilford, CT 06437

(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. 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.)

Robert W. Scott, Jr.

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)**