

L 11000 135557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

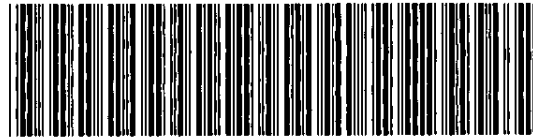
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EXAMINER



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11 NOV 30 PM 4:30

DEPT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

11 NOV 30 AM 10:15

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**File First!**

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DIVISION OF CORPORATIONS  
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CONTACT: KATIE WONSCH

DATE: 11/30/2011

REF. #: 000672.157993

CORP. NAME: ADVISOR RESOURCES, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 542463 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
ADVISOR RESOURCES, LLC**

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19 NOV 30 AM 10:15

The undersigned, an authorized natural person, for the purpose of forming a limited liability company under the provisions of, and subject to the requirements of, the State of Florida (Chapter 608, Sections 608.407(1)(a)-(c), inclusive, of the Florida Statutes and any acts amendatory thereof and supplemental thereto, and known, identified, and referred to as the "Florida Limited Liability Company Act"), hereby affirms under the penalties of perjury that:

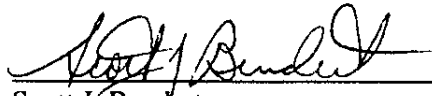
1. Name. The name of this limited liability company is **ADVISOR RESOURCES, LLC** (the "Company"), and it shall be formed as a limited liability company under Chapter 608 of the laws of the State of Florida.

2. Mailing Address and Street Address of Principal Office. The street address of the Company's principal office is **4201 Jim Walter Boulevard, Tampa, FL 33607**. The mailing address of the Company is **P.O. Box 23207, Tampa, FL 33623**.

3. Registered Agent and Office. The name of the initial registered agent of the Company is **F & L Corp.** The street address of the initial registered agent of the Company is **One Independent Drive, Suite 1300, Jacksonville, FL 32202**.

The undersigned has executed these Articles of Organization on the 30<sup>th</sup> day of November, 2011.

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



\_\_\_\_\_  
Scott J. Bendert,  
Authorized Representative of Member

### ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

F & L Corp.

By: 

Martín A. Traber, Vice President

Dated: November 30, 2011.