

L12000003917 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

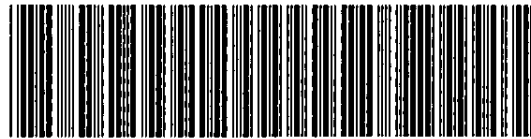
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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01/06/12--01026--021 \*\*125.00

EFFECTIVE DATE 01-04-12

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12 JAN -6 PM 4:16  
STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 9 2012

EXAMINER

Betty L. Ward, JD  
1712 Birchwood Street  
Sarasota, FL 34231  
Home phone: 941-923-1268  
Email: bettyward11@gmail.com

January 4, 2012

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

To Whom It May Concern:

Enclosed you will find the Articles of Incorporation for my new business entitled: Trust Advisory Group LLC., EIN # 32-0364029 and a check for \$125.00 for the filing fee. Please file these with your department.

If you need any additional information, please contact me at the above address, telephone or email address. Thank you for your prompt attention in this matter.

Sincerely,



Betty L. Ward

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Trust 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:

Betty L. Ward

Name of Person

Trust Advisory Group LLC.

Firm/Company

1712 Birchwood Street

Address

Sarasota, FL 34231

City/State and Zip Code

www.bettyward11@gmail.com

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

For further information concerning this matter, please call:

Betty L. Ward

Name of Person

at ( 941 ) 923-1268

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Trust Advisory Group LLC.

32-0364029

(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:**

1712 Birchwood Street  
Sarasota, FL 34231

**Mailing Address:**

1712 Birchwood Street  
Sarasota, FL 34231

**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:

Betty L. Ward

Name

1712 Birchwood Street

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

Sarasota, FL 34231

City, State, and Zip

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*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..*

Betty L. Ward

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

Betty L. Ward

1712 Birchwood Street

Sarasota, FL 34231

MGRM

Jeff Kennedy

3431 Flintshire Drive

Birmingham, AL 35226

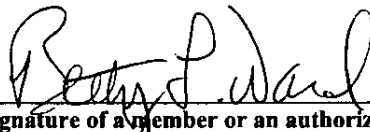
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STATE

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 4, 2012 (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.)

**Betty L. Ward**

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)**