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B. BOSTICK
MAY 2 3 2012

## **COVER LETTER**

TO:	Registration Section Division of Corpora		•		
SUBJ	ест:Р		H PulseWati	VOA GO	150725
The er	nclosed Articles of Orga	unization and fee(s) are	submitted for filing.		
Please	return all corresponder	ice concerning this ma	tter to the following:		
		BRI	AN 9. SMIT	Н	
		w PA	WEALTH PA	LSERVATI	ENOSIVEA CO
		<b>ы</b> 33	RIVIENA DA	<b>.</b> .	
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		Naple	S.FL 341	٥3	
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	E-	mail address: (to be used	S, FL 3410 ty/State and Zip Code AJ INSUNANCE. for future annual report notification	On) COMCAS	r. N2T
For fu	rther information conce				
			at (239) 25 Area Code & Daytime	So - OOT Telephone Number	12
Enclo	sed is a check for the	following amount:			
\$125.00	Filing Fee \$13 Ce	0.00 Filing Fee & entificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate d) Certified C	of Status &
	Reį Div P.C	ulling Address gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	ntions	12 HAY 21

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	' is:
(Must end with the words "Limited L	TH PRESERVATION ADVISORS LLC iability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
733 TLIVIENA DT. NAPLES, FL 34103	733 ZIVISAA DA. NAPLES, PL 34103
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	he registered agent are:
Rnia	ne registered agent are:  1 2. Sm. TM  Image: Sm. TM  AND SS 21.
Na	ume SS 2
	The registered agent are:  1. Sm.TM  Imme  ASSETUTA  AND AND ACCEPTABLE)  FL 34103  , State, and Zip
NAPLES City	FL 34103 , State, and Zip
Having been named as registered agent and	to accept service of process for the above stated limited

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 Signature (REQUIRED)

(CONTINUED)

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

WGRM" = Managing Member  Bull Shiftst Ruyll Shiftst Revell Shiftst 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 shiftst. Shiftst Ruyll Shiftst Ruyll Shiftst Ruyll Shiftst Revell Shiftst	Title:	Name and Add	ress:	
WORM  BRIAN SOUTH  133 RIVERA DA.  NAPLES, FL. 34103  MUR  DEFINEE RULES - Smi  133 RIVERA DA.  NAPLES, FL. 34103  MUR  TABLES, FL. 34103  MUR  PREQUISE RULES - Smi  133 RIVERA DA.  NAPLES, FL. 34103  (OPTION  REQUISE DA.  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.)  BRANGE STATES  S125.00 Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  S 200 Castified Consequents (Stational)	"MGR" = Manager "MGRM" = Managing Mer	nber		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	5 0	Buim 733 T	Ziviena Dr.	<u></u>
CLE V: Effective date, if other than the date of filing:	MUPL	<u> </u>	FIVIENT DO	
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CLE V: Effective date, if other than the date of filing:				
(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.)  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation  of Registered Agent  \$30.00 Certified Conv. (Ontional)	CLE V: Effective date, if other frective date is listed, the date	r than the date of filing: te must be specific and cannot		
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.)  Typed or printed name of signee  Filling Fees:  \$125.00 Filing Fee for Articles of Organization and Designation  of Registered Agent  \$30.00 Certified Conv. (Ontional)	CLE V: Effective date, if other fective date is listed, the date of filing	r than the date of filing: te must be specific and cannot .)		
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