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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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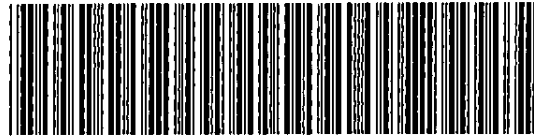
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. BRYAN

AUG 15 2012

EXAMINER

## COVER LETTER

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

SUBJECT: Private Wealth Management and Consulting, 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:

Connie H. Shivers, C.P.

Name of Person

Penson Law Firm, P.A.

Firm/Company

1435 East Piedmont Drive, Suite 101

Address

Tallahassee, FL 32308

City/State and Zip Code

eknowles1201@gmail.com

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

For further information concerning this matter, please call:

Connie Shivers

Name of Person

at ( 850 ) 561-8000

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**  
**PRIVATE WEALTH MANAGEMENT AND CONSULTING, LLC**  
**A LIMITED LIABILITY COMPANY**  
(Pursuant to Chapter 608, Florida Statutes)

**FILED**  
2012 AUG 14 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **Name.** The name of the limited liability company is:

PRIVATE WEALTH MANAGEMENT AND CONSULTING, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

10035 Thousand Oaks Circle  
Tallahassee, Florida 32309

4. **Mailing Address.** The mailing address of the limited liability company is:

10035 Thousand Oaks Circle  
Tallahassee, Florida 32309

5. **Manager at Time of Formation.** The name of each manager at the time of formation:

Edward A. Knowles  
10035 Thousand Oaks Circle  
Tallahassee, Florida 32309

6. **Period of Duration.** The period of duration shall be perpetual until it is dissolved or liquidated and its affairs wound up.

7. **Management.** Management of the Limited Liability Company at the time of formation is by a Manager appointed by the Member(s). If more than one Manager is appointed, either Manager shall have authority to act on behalf of the Company.

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

Edward A. Knowles  
10035 Thousand Oaks Circle  
Tallahassee, Florida 32309

*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.*

Edward A. Knowles

Edward A. Knowles

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9. **Effective Date.** The effective date of the limited liability company shall be:

August 14, 2012

Edward A. Knowles

Edward A. Knowles,

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)