

12/14/12

Division of Corporations

Florida Department of State  
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To:

Division of Corporations  
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Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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Effective Date

11/13

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

bill@sfgnaples.com

## FLORIDA LIMITED LIABILITY CO.

## Stepcevlch Financial Group, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Slepceovich Financial Group, LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Effective Date 1/1/13

Principal Office Address:

2375 Tamiami Trail N., Suite 208

Naples, FL 34103

Mailing Address:

2375 Tamiami Trail N., Suite 208

Naples, FL 34103

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

William R. Slepceovich

Name

2375 Tamiami Trail N., Suite 208

(P.O. Box or Mail Drop Box NOT Acceptable)

Naples, FL 34103

(City / State / Zip)

*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 - William R. Slepceovich

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**ARTICLE IV- Other Provisions:**

The effective date of the LLC will be: January 1, 2013

**ARTICLE V - 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

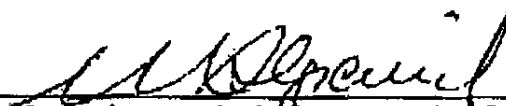
William R. Slepceovich - 6160 English Oaks Lane, Naples, FL 34119

MGRM

Kimberley K. Slepceovich - 6160 English Oaks Lane, Naples, FL 34119

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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.)

William R. Slepceovich

\_\_\_\_\_  
Typed or printed name of signee

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