(Re	questor's Name)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phone	e #)
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EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Con	npany is:
The Retirement Group, LLC	
(Must end with the words "Li	mited 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:	Mailing Address:
9350 South Dixie Highway	9350 South Dixie Highway
STE 1410	STE 1410
Miami, FL 33156	Miami, FL 33156
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another
The name and the Florida street addres	s of the registered agent are:
Gustavo I. Vega	

9350 South Dixie Highway STE 1410

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

Miami, FL 33156

Name

City, State, and 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 Agont's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2012 DEC 17 ANTIL 26

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Manager	Gustavo J. Vega
	9350 South Dixie Highway STE 1410
	Miami, FL 33156
Manager	Roger D. Oprandi
	9350 South Dixie Highway STE 1410
	Miami, FL 33156
	
Use attachment if necessary)	
	han the date of filing: January 2, 2013 . (OPTION e must be specific and cannot be more than five busin

, DIGITIES.

Signature of a member of an aythorized representative of a member.

(In accordance with section 608.498(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.)

Gustavo J. Vega .

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)

SECRETARY OF STATE ALLAHASSEE, FILER FILER