

L13000110057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

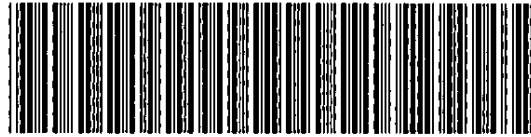
(Business Entity Name)

(Document Number)

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

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Office Use Only



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RECEIVED  
13 AUG -5 PM 1:12  
DIVISION OF CORP. COMMISSION

APPROVED  
AND  
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13 AUG -5 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG -5 2013

J. BRYAN

(850) 245-6051

**COVER LETTER**

**To: Registration Section  
Division of Corporations**

**SUBJECT: i3 Advisors 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:

Romerio D. Perkins

Name of Person

i3 Advisors LLC

Firm/Company

2991 Fenwick Court, East

Address

Tallahassee, FL 32309

City/State and Zip Code

catislandcorp@hotmail.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Romerio D. Perkins at (850) 906-0808  
Name of Person 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  
Tallahassee, FL 32301

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

**ARTICLE I - Name:**

13 AUG -5 PM 1:19

The name of the Limited Liability Company is:

i3 Advisors LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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**

2991 Fenwick Court, East  
Tallahassee, FL 32309

**Mailing Address**

2991 Fenwick Court, East  
Tallahassee, FL 32309

**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:

Romerio D. Perkins

Name

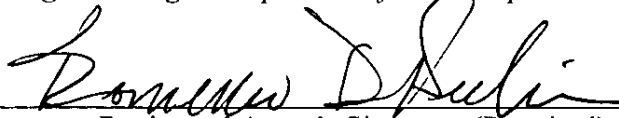
20991 Fenwick Court, East

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

Tallahassee, FL 32309

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 Agent's Signature (Required)

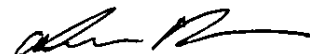
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Andrew Dorman  
State of Florida

MY COMMISSION # EE 883830  
Expires: March 13, 2017



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

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

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AND  
FILED

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MGRM

Romerio D. Perkins  
2991 Fenwick Court, East  
Tallahassee, FL 32309

MGR

Maurice L. Calhoun  
6851 Gallop Cove  
Memphis, TN 38018

MGR

Matthew M. Carter II  
1904 Miccosukee Road, Unit 6  
Tallahassee, FL 32308

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Romerio D. Perkins

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)**



Andrew Dorman  
State of Florida  
MY COMMISSION # EE 883830  
Expires: March 13, 2017

