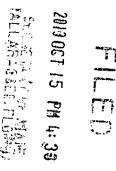
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Phino Financial, 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:	
Rich Young Name of Person	
Name of Person	
Phino Financial LLC Firm/Company	
Firm/Company	
27 Clarendon Ct. N.	
Palm Coast Fl 32137	Transcasson
City/State and Zip Code Pydung @legacyservices.com E-mail address: (to be used for future annual report notification)	John T.
For further information concerning this matter, please call: Rich Young at (757) 574-7424 Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee U\$130.00 Filing Fee & U\$155.00 Filing Fee & U\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Phino Financial LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address: 27 Claseadon Cf. N. 27 Claseadon Cf. N.
27 Clarendon Ct. N. 27 Clarendon Ct. N. Palm Coast, FL 32137 Palm Coast, FL 32137
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: Cich Young Name Signature Property Proper
Palm (next FI 32127
Palm Coast FL 32137 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTI	CLE	IV-	Manager(s)	or Mana	aging	Member	(s)):
		- "		~,	01 1.144114	-B	1.1041111111111111111111111111111111111		,.

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

•	<u>Title:</u> "MGR" = Manager	Name and Address:		
	"MGRM" = Managing Member MGR	Rich Young 27 Clarendon Ct. 1 Palm Coast, FL	N. 32137	
			2013 OCT 15	
			PH 4: 33	Section 2
	(Use attachment if necessary)	į, i		
(If an	CLE V: Effective date, if other than the defective date is listed, the date must be or 90 days after the date of filing.)			
	REQUIRED SIGNATURE:			
	7	16-		

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.)

Typed or printed name of signee

A STATE OF THE STATE OF

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)