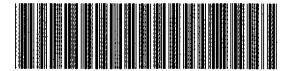
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Effective Date 11014

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SECRETARY OF STATE OF STATE OF CORPORATIONS

16. JAN 13 PM 3: 19



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Living With Money LLC (EIN: 26-4562544) Name of Limited Liability Company (LLC in New York)
Name of Limited Liability Company (LLC in New York)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John W. Gruber
Name of Person
Living With Money LLC
Firm/Company
15007 Middle Fairway Drive
Address
Spring Hill, FL 34609
City/State and Zip Code
john.gruber@lpl.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John W. Gruber 585 _ 309-0622
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \tag{\$130.00 Filing Fee & \tag{\$155.00 Filing Fee & \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee} \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee} \tag{\$160.00 Filing Fee,} \$160.00 Filing Fee,

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

Effective Date 1/10/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Compa	iny is:		
Living With Money LLC				
(Must end with the	words "Limited L	iability Company, "L.L.	.C.," or "LLC.")
ARTICLE II - Addre The mailing address an		the principal off	ice of the Limited Liabil	ity Company is:
Principal Office Add	ress:	Mailing	g Address:	
15007 Middle Fairway Drive			15007 Middle Fairway Drive	
Spring Hill, FL 34609			Spring Hill, FL 34609	
	Company cannot s y with an active Flo	erve as its own R orida registration.)	gnature: ust designate an individual oi
The name and the Fig.		ine registered a	gem a.e.	
	John W. Gruber	Name		
	15007 Middle Farrway	Drive		
	Florida street ad	dress (P.O. Box J	NOT acceptable)	
	Spring Hill		FL 34609	
		City	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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>		Name and Address:
"AMBR" = Aut	thorized Member	
"MGR" = Mana	ager	
MGR	_	John W. Gruber
		15007 Middle Fairway Drive
		Spring Hill, FL 34609

		~~~~
(Use attachmen	t if necessary)	
LE V: Effective (ffective date is lise of filing.)	date, if other than the date o	of filing: 1/10/2014 (OPTIONAL) cific and cannot be more than five business days prior to or 96
LE V: Effective of	date, if other than the date o	of filing: 1/10/2014 (OPTIONAL) cific and cannot be more than five business days prior to or 96
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LE V: Effective of fective date is list of filing.) LE VI: Other pro REQUIRED S (In	date, if other than the date of sted, the date must be specially by the special strains of second accordance with section 60.	aber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this documen
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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)

ARTICLE IV-

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