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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

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

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**FLORIDA LIMITED LIABILITY CO.
Welch Family Offices, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
WELCH FAMILY OFFICES, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is WELCH FAMILY OFFICES, LLC.

ARTICLE II – Address:

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

807 Dr. Martin Luther King Jr., Blvd.
Seffner, FL 33584

ARTICLE III – Management:

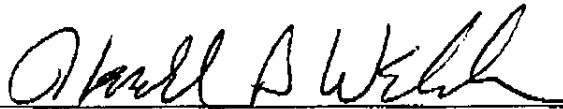
The Company is a manager-managed limited liability company for purposes of the Florida Limited Liability Company Act and its manager(s) shall be appointed and serve in accordance with the terms and conditions set forth in the Company's operating agreement, as the same may be amended from time to time

ARTICLE IV – Initial Registered Agent/Office:

The registered office of the Limited Liability Company and its initial registered agent shall be:

Harold B. Welch
807 Dr. Martin Luther King Jr. Boulevard West
Seffner, FL 33584

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 22nd day of January 2014.



Signature of an authorized representative of a member.

(In accordance with section 605.0203(1)(b), 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 section 817.155, Florida Statutes)

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Harold B. Welch

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **WELCH FAMILY OFFICES, LLC.**
2. The name and the Florida street address of the registered agent are:

Harold B. Welch
807 Dr. Martin Luther King Jr. Boulevard West
Seffner, FL 33584

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.



Harold B. Welch
Registered Agent

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