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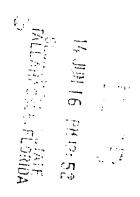
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PICK-UP	☐ WAIT	MAIL
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J. Shivers JUN 1 7 2014

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: OTHER PEOPLES MONEY Name of Liv	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	eatter to the following:	
	TODD B. SMITH	Name of Person	
		Firm/Company	
	1615 MANCHESTER COURT	Address	
	NAPLES, FL 34109	City/State and Zip Code	
Ţ	ODD@IDEAPALOOZA.COM E-mail address: (to be use	ed for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	ase call:	
TODE	Name of Person	239 <u>216-7066</u> Area Code Daytime Tel	ephone Number
	ed is a check for the following amount: 10 Filing Fee	□\$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	Street/Courier Addr Registration Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
OTHER PEOPLES MONEY LLC (Must end with the words "Limite	ed 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:		
1615 MANCHESTER COURT NAPLES, FL 34109	1615 MANCHESTER C NAPLES, FL 34109	COURT	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registrate.) The name and the Florida street address of the register.	wn Registered Agent. You must tion.)		
_	-		
TODD B. SMITH Nar	ne	_	
1615 MANCHESTER COU Florida street address (P.O. B		-	
NAPLES	FL 34109	-	
City	Zip		
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the of Che	cept the appointment as registere ns of all statutes relating to the p	d agent and agree to act in this roper and complete performance	
Registered Agent's Sig	nature (REQUIRED)		
(CONTIN	·	9 W 16	
Page 1 c	of2	5 PH 12: 52	

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	TODD B. SMITH
	1615 MANCHESTER COURT
	NAPLES, FL 34109
(Use attachment if necessary)	
ective date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
ective date is listed, the date must be softling.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 9
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EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6	pecific and cannot be more than five business days prior to or 9 cember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
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REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo TODD B. SMIT	nember or an authorized representative of a member. 305.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) TH Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo	member or an authorized representative of a member. 305.0203 (1) (b), Florida Statutes, the execution of this document der the penaltics of perjury that the facts stated herein are true. Filing Fees: Typed or printed name of signee Filing Fees: Transization and Designation of Registered Agent

ARTICLE IV-