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<u>M</u> :	FILING LLC
1.	Hofer Advisory Group LLC (CORPORATE NAME AND DOCUMENT #)
2.	
	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
4.	(CORPORATE NAME AND DOCUMENT #)
5.	(CORPORATE NAME AND DOCUMENT #)
6.	(CORPORATE NAME AND DOCUMENT #)
SPECIA	AL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
HOFER ADVISORY GROUP LLC (Most end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The meiling address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7400 Tamlami Trail North, #101 Naples FL 34108	7400 Tamiand Trail North, #101 Naples FL 34108
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	ageni are;
Michael Malame Name	
7400 Temiami Tral Florida street address (P.O. Box	
Naples	FL 34108
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familial with and accept the oblic Chapte Registered Agent's Signatus (CONTINUE)	
Page 1 of 2	SEC:

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SECRE LARY OF STATE ALLAHASSEE FLORIDA

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address.
MGR	Michael Malarney
	7400 Tamiemi Trail North, #101
,	Naples, Fl. 34108
•	
(Single Mark and AP and AP and AP	
(Use attachment if necessary) E.V: Effective date, if other than the date setive date is listed, the date must be ap-	of filing:
E V: Effective date, if other than the date setive date is listed, the date must be appulling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing:
S. V: Effective date, if other than the date ettre date is listed, the date must be appending.) I. VI: Other provisions, if any.	of filing:
E.V: Effective date, if other than the date etive date is listed, the date must be apfilling.) E.VI: Other provisions, if any. Signature of a mean (in accordance with section 60: constitutes an affirmation under I am aware that any false inform	of filing:
E.V: Effective date, if other than the date etive date is listed, the date must be apfilling.) E.VI: Other provisions, if any. Signature of a mean (in accordance with section 60: constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member. 1.0203 (1) (b), Florida Stables, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State

Page 2 of 2

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SECRE ARY OF STATE
SECRE ARY OF STATE