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JAN 16 2015 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FINANCIAL CONCEPTS OF FLORIDA, C.C. 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: David D. Wallen
Name of Person
Firm/Company
7968 Timberlake Dr.
Address Melboune Fl. 32-904 City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status 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 Address
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:

FINANCIAL CONCEPTS OF FLORIDA, L.L.C. (Must end with the words "Limited 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:
7968 Timberlake Dr. same
Melbourne, F1. 32904
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: David D. Warren
Name 7968 Timberlake Dr. Florida street address (P.O. Box NOT acceptable) Fig. 3
Melbourne FL 32904

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

AMBR" = Authorized Member MGR" = Manager	Name and Address:
AMBR	David D. Wallen
AMBR AMBR	7968 Timberlake Dr.
AMRI	111e (bovine, F). 32904
AMON	7968 Timberlake Dr.
	Melbourne, F1. 32.904
Jse attachment if necessary)	
tive date is listed, the date must be specifiling.) VI: Other provisions, if any.	fic and cannot be neare man five business days prior to or 90 o
va. Oner provisions, it any.	
EQUIRED SIGNATURE:	
2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	er or an authorized representative of a member.
Signature of a memb	per or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document ne penalties of periory that the facts stated herein are true.
Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the same and the same that any false information under the same areas and same that any false information and same areas are same as a same areas a	(203 (1) (b), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State
Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the same and the same that any false information under the same areas and same that any false information and same areas are same as a same areas a	203 (1) (b), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State s provided for in \$.817.155, F.S.)
Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the same and the same that any false information under the same areas and same that any false information and same areas are same as a same areas a	(203 (1) (b), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State

ARTICLE IV-

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SECRETARY OF STATE

AND AUGSSEE FLORIDA