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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Little Palm Advisors LLC
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:
Stuart Eo Tolman
Name of Person
Little Palm Advisors LLC
Firm/Company
12601 Little Palm Lane
Boca Raton Fl. 33428
- · · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stuart Tolman at (561) 302-4968 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314
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•	· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
	ARTICLE I - Name: The name of the Limited Liability Company is:
	Little falm Advisors LLC
	(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: 12601 Little Palm Lane Boca Raton F1. 33428 Mailing Address: 12601 Little Palm La Boca Raton F1. 33428
	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: Stuart E. Tolman
	12601 L, He Palm Lane
	Florida street address (P.O. Box NOT acceptable) Boca Raton FL 33428
	City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company a 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)
	Registered Agent's Signature (REQUIRED) (CONTINUED)
	Page 1 of 2

<u>Title:</u> "AMBR" ≈ Authorized Member	Name and Address:
"MGR" = Manager	Stuart C. Tolman 12601 Liftle Palm Lane Boca Raton, Fl. 33428
	<u> </u>
(Use attachment if necessary)	
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Signature of (In accordance with section constitutes an affirmation)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this dogument under the penalties of perjury that the facts stated herein are true.
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false	member or an authorized representative of a member on 605.0203 (1) (b), Florida Statutes, the execution of this dogument under the penalties of perjury that the facts stated herein are true.
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ARTICLE IV-