3239628300 From: Jane Murphy

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

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

'Email Address:_____

FLORIDA LIMITED LIABILITY CO. Bankers Row Wealth Management, LLC

Certificate of Status	0
Certified Copy	1.
Page Count	06
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

Help



FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

DREW J. BREAKSPEAR COMMISSIONER

September 22, 2015

Mr. Scott Sandstrom 1513 Trotter Ct. Wellington, FL 33414

Re: Bankers Row Wealth Management LLC

Dear Mr. Sandstrom:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Bankers Row Wealth Management LLC) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been mot within this state.

Sincerely,

M. Barry Gilman

Director

Division of Financial Institutions

15 OCT -2 PM 8: 07
SECRE PARY OF STATE
TALLAHASSE FOR STATE

BG/dlb

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJI	ECT: Banker	s Row Wealth Manageme Name of Lir	nt. LLC. nited Liability Company	
The en	closed Articles	of Organization and fee(s) as	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Chevenn	e Moseley	Name of Person	
	<u>LegalZoo</u>	om.com, Inc.	Firm/Company	
	<u>100 W B</u>	roadway, Suite 100	Address	
	Glendale	. CA 91210	City/State and Zip Code	
<u>.</u>	nlinefilings@le	galzoom.com E-mail address: (to be use	d for future annual report notifica	tion)
For fu	ther informatio	n concerning this matter, plea	ase call:	
Chey	enne Moseley Nam	at (at (25 cphone Number
Enclos	ed is a check fo	r the following amount:		
\$125.0	00 Filing Fee	S130,00 Filing Fee & Certificate of Status	✓\$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 Address
Registration Section
Division of Corporations
Clifton Bullding
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Bankers Row Wealth Management, LLC (Must end with the words "Limited	I Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1513 Trotter Court Wellington, FL 33414	1513 Trotter Court Wellington, FL 33414
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	d agent are:
United States Corporation A	
13302 Winding Oaks Court, Plorida street address (P.O. Bo	
Tampa	FL 33612-3425
City	Zip
the place designated in this certificate, I hereby accepcapacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the of Chap	ervice of process for the above stated limited liability company at pt the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance bilgations of my position as registered agent as provided for in pter 605, F.S.
Registered Agent's Sign Cheyenne M	ature (REQUIRED) Asseley, United States Corporation Agents, Inc.
(CONTINI	DED)

Page 1 of 2

	uthorized to manage and control the Limited Liability Company:
<u>l'itle:</u> 'AMBR'' = Authorized Member	Name and Address:
'MGR" = Manager	
MGR	Scott Sandstrom
	1513 Trotter Court Wellington, FL 33414
	Troilingion. I Loor IT

Use attachment if necessary)	
•	e of filings (OPTIONAL)
EV: Effective date, if other than the date	e of filing:
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E V: Effective date, if other than the date ctive date is listed, the date must be sp filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE:	center or an authorized representative of a member.
E.V: Effective date, if other than the date ctive date is listed, the date must be sp filling.) E.VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a man (In accordance with section 6)	cmber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ctive date is listed, the date must be sp filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m (In accordance with section 6) constitutes an affirmation and	cmber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date extrement to the state of the date is listed, the date must be sparsed in the state of the st	center or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
V: Effective date, if other than the date tive date is listed, the date must be sparing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation and 1 am aware that any false info	cmber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true.

2015-10-02 20:27:21 GMT

13239628300 From: Jane Murphy

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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)