## 1000003999

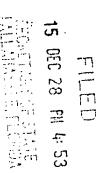
(Re	questor's Name)	
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Special Instructions to	Filing Officer:	

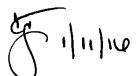
Office Use Only



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## **COVER LETTER**

. 1

TO:

TO:	Registration Sec Division of Corp					
SUBJEC		Advocate LLC				
SUBJEC	· I ·	Name of	Limited Liabi	lity Company		_
The encl	osed Articles of (	Organization and fee(s)	are submitte	d for filing.		
Please re	turn all correspoi	ndence concerning this	matter to the	following:		
	David R. Eglo	off				
			Name o	f Person		
			Firm/C	ompany		
	6284 Via Pall	ladium				
			Add	ress		
	Boca Raton, l	FL 33433				
	SalesCompAd	vocate@gmail.com	City/State a	nd Zip Code		
	E	-mail address: (to be us	sed for future	annual report notific	cation)	
For further	r information con	cerning this matter, ple	ease call:			
	David Egloff	at	561 (	430-0977 )		
	Name	of Person	Area Code	Daytime Teleph	one Number	_
Enclosed	l is a check for th	e following amount:				
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	00 Filing Fee & fied Copy nal copy is enclosed	Certifica —— Certified	Filing Fee, ate of Status & Copy copy is enclosed)
	New Fil Division P.O. Bo	Address ling Section n of Corporations ox 6327 ssee, FL 32314		Street Address New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	rations enter Circle	FILED  15 DEC 28 PM  15 DEC 28

## EFFECTIVE DATE 01/05/10

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF GAGLETES THO AT BOTH	Dite in Education Commission	•
ARTICLE I - Name: The name of the Limited Liability Company is:		FILED
		15 DEC 28 PH 4: 53
Sales Comp Advocate LLC		TO TIATURE OFFI
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	<u>- COARFA</u> RY OF STATE FALLAHASSEE, FLORIDA
ARTICLE II - Address:		
The mailing address and street address of the principal office of	f the Limited Liability Company is:	
<b>Principal Office Address:</b>	Mailing Addr	ress:
6284 Via Palladium	6284 Via Palladium	
Boca Raton, FL 33433	Boca Raton, FL 33433	
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent	ered Agent. You must designate an ind	dividual or
The name and the Florida street address of the registered agent	ALC.	

David R. Egloff

Name

6284 Via Palladium

Florida street address (P.O. Box NOT acceptable)

 Boca Raton
 FL
 33433

 City
 State
 Zip

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 (REOUIRED

(CONTINUED)

Page 1 of 2

David R. Egloff  6284 Via Palladium  Boca Raton, FL 33433  AMBR  Cindy Egloff 6284 Via Palladium  Boca Raton, FL 33433  Cindy Egloff 6284 Via Palladium  Boca Raton, FL 33433  Cindy Egloff 6284 Via Palladium  Boca Raton, FL 33433   We estate the fact of the specific and cannot be more than five business days prior to or 90 filting. In this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  We other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  David R. Egloff  Typed or printed name of signee  Eiling Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certificate of Status (Optional)  \$25.00 Certificate of Status (Optional)	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
AMBR  Cindy Egloff 6284 Via Palladium Boca Raton, FL 33433  Use attachment if necessary)  E.V: Effective date, if other than the date of filing: January 5, 2016 (OPTIONAL)  etrive date is listed, the date must be specific and cannot be more than five business days prior to or 9 (Filing)  he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  David R. Egloff  Typed or printed name of signee  Filling Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certificate of Status (Optional)  Page 2 of 2	"MGR" = Manager	5 45 54 6	
Boca Raton, FL 33433  Cindy Egloff 6284 Via Palladium Boca Raton, FL 33433  Use attachment if necessary)  EV: Effective date, if other than the date of filing: January 5, 2016 (OPTIONAL)  etrive date is listed, the date must be specific and cannot be more than five business days prior to or 9th filing.)  be date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mighber or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  David R. Egloff  Typed or printed name of signce  Filling Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)  \$5.00 Certificate of Status (Optional)	AMBR	David R. Egloff 6284 Via Palladium	<del></del>
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE/IV-