# 110000045735

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ddress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY STATE

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# **COVER LETTER**

	vision of Corporations
•	First Financial Associates, LLC
SUBJECT:	
	Name of Billing Blasmy Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Paul S. Mills, C.P.A
	Name of Person
	Paul S. Mills, C.P.A.
	Firm/Company
	1541 Fifth Street
,	Address
	Key West, FL 33040
ŗ	City/State and Zip Code omillscpa@aol.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Paul S. Mills, C.P.A. 305 294-3699 at ( )
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$\int_{\text{Certificate of Status}}\frac{\$155.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy}}  Certified Copy & Certi
	Mailing Address New Filing Section  Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Á	DI	ric	IC	1	No	me
4	ĸ				ING	me

The name of the Limited Liability Company is:

First Financial Associates, 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:

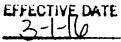
Principal Off	ice Address:
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## Mailing Address:

c/o Paul S. Mills, C.P.A	c/o Paul S. Mills, C.P.A.
1541 Fifth Street	1541 Fifth Street
Key West, FL 33040	Key West, FL 33040

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.)



AND ANTICON ANTICAL STREET OF THE STREET OF

The name and the Florida street address of the registered agent are:

Paul S. Mills, C.P.A		
	Name	
1541 Fifth Street		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Key West	FL	33040
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 (REQUIRED)

(CONTINUED)

Page 1 of 2

	<u>Title:</u> "AMBR" = Authorized	Name and Address:	
	"MGR" = Manager	4	
	MGR	Charles K. Murphy	
		460 Portafind Court, Apt 207	
		Pomona, CA 91766	
	AR	Paul S. Mills, C.P.A.	
		1541 Fifth Street	
		Key West, FL 33040	
		•	
	(Use attachment if nece	· · · · · · · · · · · · · · · · · · ·	
	•	al La COU Morel I 2017	
		n the date of filing: March 1, 2016 . (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days af	ter
	of filing.)		
		loes not meet the applicable statutory filing requirements, this date will not be liste	d as
		partment of State's records.	
_	LE VI: Other provisions,		
	o p. o		

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.

Paul S. Mills, C.P.A.

Mills OPA

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

**REQUIRED SIGNATURE:**