

216000138410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

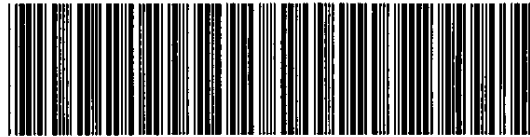
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 18 AM 11:38



Russ White, Attorney at Law
rwhite@harriss Shelton.com
East Memphis Office
(p) 901-682-1455
(f) 901-682-4446

July 15, 2016

Via Federal Express

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

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TALLAHASSEE, FLORIDA
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Re: *FinMatters, LLC*
FinMatters, TPA, LLC
FinMatters ORL, LLC

Ladies and Gentlemen:

We are enclosing the Articles of Organization for the three limited liability companies referenced above for filing along with three checks, each in the amount of \$125, as the respective filing fees for the 3 entities.

Please process these documents as soon as possible and return evidence of filing to me in the enclosed self-addressed and pre-stamped envelope. Should you have any questions, please contact me at (901) 682-1455. Thank you for your assistance.

Sincerely,

Russ White
FL Bar # 0253091

RW/db

Enclosure

DOWNTOWN MEMPHIS
One Commerce Square
40 S. Main Street, Suite 2700
Memphis, Tennessee 38103-2555
ph 901-525-1455
f 901-526-4084

EAST MEMPHIS
999 S. Shady Grove, Suite 300
Memphis, TN 38120-4126
ph 901-682-1455
f 901-682-4446

OXFORD
829 North Lamar Blvd, Suite 2
Oxford, Mississippi 38655
ph 662-234-7447
f 662-234-3776

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FinMatters, 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:

Russ White

Name of Person

Harris Shelton Hanover Walsh, PLLC

Firm/Company

999 S. Shady Grove Rd., Suite 300

Address

Memphis, TN 38120

City/State and Zip Code

rwhite@harrisshelton.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russ White

954

918-1509

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 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

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

Street Address

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FinMatters, 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:

Mailing Address:

FinMatters, LLC

3760 Casey Key Rd.

Nokomis, FL 34275

FinMatters, LLC

3760 Casey Key Rd.

Nokomis, FL 34275

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation,

Florida

33324

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.

C T Corporation System

By: Michael Seraphin Michael Seraphin Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

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(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: 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.

RUSSELL A. WHITE, ESQ.

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)