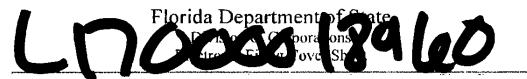
1/25/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA800000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

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FLORIDA LIMITED LIABILITY CO. STOCK PICKS MADE EASY INT., LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

TO:

. COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	STOCK PICKS MADE EASY INT., LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	sturn all correspondence concerning this matter to the following:
	Jennifer Tasevoli
	Name of Person
	National Registered Agents, Inc.
	Firm/Company
	900 Merchants Concourse Suite 405
	Address
	Westbury, NY 11590
	City/State and Zip Code D11Capehart@yahoo.com
	E-mail address: (to be used for future annual report notification) ,
For further	r information concerning this matter, please call:
	Jennifer Tasevoli 888 579-0286
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
∑ \$125.00	Filing Fee \$130,00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status & (additional copy is enclosed) (additional copy is enclosed)
	Malling 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 Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIVITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			SEC TALL	
STOCK PICKS MAD	E EASY INT. LLC			AHA.	-
	ith the words "Limited	Liability Company,	'L.L.C.," or "LLC.")	AS A	
ARTICLE II - Address: The mailing address and street add	lress of the principal o	ffice of the Limited L	iability Company is:	RY OF SSEELF	ı
Principa	Office Address:		Mailing Address:	9. 108 108 108	
1507 Southport St.		1507	Southport St.	<u>कर्स</u> ४	
The Villages, FL 3216	2		illages, FL 32162		
The name and the Florida street a	NRAI Services. Inc.	Name		•	
	Florida street addres	(P.O. Box <u>NOT</u> acc	eptable)		
	Plantation,	Florida	33324		
	City	State	7ip		
Having been named as registered as place designated in this certificate, further agree to comply with the proam familiar with and accept the obli	hereby accept the appositions of all statutes re gations of my-position	ointment as registered elating to the proper of as registered agent as WAAL Services - Inc.	l agent and agree to uct in this ind complete performance of m	capacity. I ry duties, and I F.S	,

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager.	
MGR	Dong Capehart
	1507 Southport St.
	The Villages, F1. 32162
MGR	Michael James Lec
MOK	1507 Southport St.
	The Villages, FL 32162
•	
•	
71	
(Use attachment if necessary)	
	e of filing: (OPTIONAL)
EV: Effective date, if other than the date	
EV: Effective date, if other than the date feetive date is listed, the date must be sp	pecific and cannot be more than five business days prior to or
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effect date is listed, the date must be sp f (filing.) the date inserted in this block does not intent's effective date on the Department f. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is execu	pecific and cannot be more than five business days prior to or simest the applicable statutory filing requirements, this date will not of State's records.

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 States (Cont.)

\$ 5.00 Certificate of Status (Optional)

Scott LeTourneau

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