

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L17000050405
FILED 8:00 AM
March 03, 2017
Sec. Of State
dlokeefe**

Article I

The name of the Limited Liability Company is:

FEDPLAN ADVISORS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2409 BROOKSIDE AVE
KISSIMMEE, FL. 34744-

The mailing address of the Limited Liability Company is:

2409 BROOKSIDE AVE
KISSIMMEE, FL. 34744-

Article III

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

MICHAEL WAKEFIELD
2409 BROOKSIDE AVE
KISSIMMEE, FL. 34744-

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.

Registered Agent Signature: MICHAEL WAKEFIELD

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
MICHAEL F WAKEFIELD
2409 BROOKSIDE AVE
KISSIMMEE, FL. 34744

Title: MGR
MICHAEL PRIMO
1092 LONGVIEW
WESTON, FL. 33326 US

Title: MGR
JAMES E CARROLL
445 FOSSIL HILLS LOOP
SPRING BRANCH, TX. 78070 US

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Article V

The effective date for this Limited Liability Company shall be:

03/03/2017

Signature of member or an authorized representative

Electronic Signature: MICHAEL WAKEFIELD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.