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(Re	equestor's Name)	_
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

	few Filing Section Division of Corporations		
SUBJECT	LRC ADVISORS LLC		
	Name	of Limited Liability Company	
The enclos	sed Articles of Organization and fed	e(s) are submitted for filing.	
Please rett	ırn all correspondence concerning t	this matter to the following:	
	John Taddeo, Esq		
		Name of Person	_
	Posada Taddeo Dietiker Attori	neys at Law	
		Firm/Company	-
	3111 N. Univeristy Drive Suite	: 720	
		Address	- 30
	Coral Springs, FL 33065		193 20
	john.taddeo@ptd.law	City/State and Zip Code	
		e used for future annual report notification)	- =
or further i	nformation concerning this matter.	•	AH 11: 22
	John Taddeo	954 800-6480 at ()	
	Name of Person	Area Code Daytime Telephone Number	
Englosed is	s a check for the following amount:		
	iling Fee S130.00 Filing Fee Certificate of State	e & \$155.00 Filing Fee & \$160.00 Filing Fee,	
	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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
LRC ADVISORS LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ADTICLET	
ARTICLE II - Address:	and the best of the first of
The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
550 Ocean Cay	550 Ocean Cay
Key Largo, FI 33037	Key Largo, Fl 33037
ADTICLE III Dogistaned Asset Desistant Office & Desistant	A
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Register	stered Agent's Signature; red Agent' You must designate an individual or
another business entity with an active Florida registration.)	reavigent. For must designate an marriadar of
·	
The name and the Florida street address of the registered agent a	re:

John Taddeo, Esq Name

3111 N. University Drive Suite 720

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

Coral SpringsFL33065CityStateZip

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)

4	RTI	CI	Г	$\mathbf{D}V_{-}$

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGRM	Robert Coakley
	550 Ocean Cay
	Key Largo, FI 33037
MGRM	Lisa Coakley
	550 Ocean Cay
	Key Largo, FI 33037
	
	
the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
7	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 Section (1)

S 5.00 Certificate of Status (Optional)