8/15/2019

Division of Corporations

Florida Department of State of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (514)280-3338 er : (954)208-0845 Phone Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Advance Financial Group, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Advance Financ	ial Cesup, LLC		
	contain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
	ect address of the principal of	ffice of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
13181 Seaside h	Jarhour Dr	6001	Harbour View Blvd
North Fort Meye ARTICLE III - Registered (The Limited Liability Com	ers, FL 33903	Suffe Registered Agent Registered Agent	olk, VA 23432
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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..

(CONTINUED)

To:	Page	

"AMBR" = Authorized Member "MGR" = Manager AMBR Andrea M Awa 6001 Harbour View Blvd Suffolk, VA 23435 MGR George Whitley 6001 Harbour View Blvd Suffolk, VA 23435 (Use attachment if necessary) RETICLE V: Effective date, if other than the date of filing: (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 ne date of filing.) (More: 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. RETICLE VI: Other provisions, if any. Signature of a member or abauthorized representative of a member. This document is executed in accordance with section 603.0203 (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. Andrea M AWA Typed or printed name of singes.	Tit		4h	Name and Address:	
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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)