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TALLAHASSEE TURRET

COVER LETTER:

TO:	New Filing Se Division of Co			ŧ.	>
SUBJE		Financial Group			
30000		Nam	e of Limited Li	ability Company	
The en	closed Articles o	f Organization and 1	ee(s) are submi	tted for filing.	
Please	return all corresp	ondence concerning	g this matter to	the following:	
	William Ch	ad McAlpin			
	- · · ·	-	Nam	e of Person	
	McAlpin Fi	nancial Group			
			Firm	/Company	
	6290 Black	Fox Way			
				ddress	····
	Tallahasse	e. FL 32312			
	chadmcalpir	n@yahoo.com	City/Stat	e and Zip Code	
		E-mail address: (to	be used for futu	re annual report notifical	tion)
For furth	er information co	oncerning this matter	r. please call:		
	Chad McAlp	oin	270	556-2708	
	Nan	ne of Person		e Daytime Telephor	
Enclose	ed is a check for t	he following amoun	nt:		
		□\$130.00 Filing Certificate of Sta	, Fee & ■: itus Ce	\$155.00 Filing Fee & rifled Copy ional copy is enclosed)	El\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		iling Section on of Corporations		New Filing Section D The Centre of Tallah	
	P.O. B	ox 6327 assee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

McAlpin Financial Gro	oup, LLC		
(Must ec	onatin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:
Princ	ipal Office Address:		Mailing Address:
	the state state say.		wannig Address:
6290 Black Fox Way			Black Fox Way
Tallahassee, FL 32311	<u> </u>	Talla	hassee, FL 32312
he Limited Liability Compa	ny cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual o
RTICLE III - Registered A The Limited Liability Compainother business entity with a the name and the Florida street	ny cannot serve as its own a ctive Florida registration active florida registered address of the registered	Registered Agent. (n,)	nt's Signature: You must designate an individual o
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The Limited Liability Compainother business entity with a	ny cannot serve as its own nactive Florida registration address of the registered William Chad McAlpin 6290 Black Fox Way	Registered Agent. (n.) agent are: Name	You must designate an individual c

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)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Hilliam Cha (Mat)	
AMBR	William Chad McAlpin 6290 Black Fox Way	
	Tallahassee, FL 32312	_
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(Use attachment if necessary)		
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COVER LETTER

TO:	New Filing Sec Division of Co				
eunu		Financial Group			
SUBJE	C1:	Name of	Limited Liabil	ity Company	
The enc	losed Articles of	Organization and feet	s) are submitted	For filing.	
Please r	eturn all corresp	ondence concerning thi	s matter to the	following:	
	William Ch	ad McAlpin			
			Name of	Person	···
	McAlpin Fir	nancial Group			
			Firm/Co	ompany	
	6290 Black	Fox Way			
	-		Addi	ress	
	Tallahasse	e, FL 32312			
			City/State ar	nd Zip Code	
		n@yahoo.com			
	i	E-mail address: (to be t	ised for future	annual report notificat	ion)
For furthe	er information co	oncerning this matter, p	lease call:		
	Chad McAir		270	556-2708 	
	Nan	ne of Person	Area Code	Daytime Telephon	
Enclose	d is a check for t	he following amount:			
□\$125.	.00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	. Certif	5.00 Filing Fee & ied Copy (at 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

McAlpin Financial Group	, LEC		
(Must cona	itin the words "Limited Li	ability Company.	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street ad	ddress of the principal offi	ice of the Limited	Liability Company is:
<u>Princip</u> :	al Office Address:		Mailing Address:
6290 Black Fox Way		6290	Black Fox Way
Tallanassee, FL 32312		Talla	nassee, FL 32312
The Limited Liability Company	cannot serve as its own R	egistered Agent.	nt's Signature: You must designate an individual c
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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)

Registered Agent's Signature (REQUIRED)

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR _	William Chad McAlpin 6290 Black Fox Way	
	Tatlahassee, FL 32312	
	1 Bild 103500.	
_		
		
(Use attachment if necessary)		
	he date of filing:	. (OPTIONAL)
	he date of filing:	(OPTIONAL) isiness days prior to or 90 days :
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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)