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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	06/14/2021		
	Eric Marc	ano	_
	e #: <b>1398</b>		_
			PLANNING CONSULTANTS, LLC
<b>√</b> Art	icles of Incorporation	/Authorization	to Transact Business
An	nendment		
Ch	ange of Agent		
☐ Re	instatement		
Co	nversion		
□ Ме	erger		
☐ Dis	solution/Withdrawal		
☐ Fic	titious Name		
Otl	ner		
Authorize	d Amount:	\$125.00	
Signature	. Eric Marcano		

F: +852.2682.9790

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANS 11 JUN 14 AM 9: 43

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SECRETARY OF STATE

The name of the Limited Liability Company is:	TALLAHASSE
SOCIAL SECURITY PRIVATE PLANNING CO	NSULTANTS, LLC
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3415 N. OCEAN AVENUE, APT. # 6 <u>02</u>	3415 N. OCEAN AVENUE, APT. # 602
HOLLYWOOD, FLORIDA 33019	HOLLYWOOD, FLORIDA 33019
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or
The name and the Florida street address of the registered agen	t are:
STANLEY R. WEILGUS	

Name 3415 N. OCEAN AVENUE, APT. # 602 Florida street address (P.O. Box NOT acceptable) HOLLYWOOD, FLORIDA City State

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)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	COLUMN TOUR DE LIMITE CLUS
AMBR	STANLEY R. WEILGUS 3415 N. OCEAN AVENUE, APT. # 602
	HOLLYWOOD, FLORIDA 33019
	<u>-</u>
	5 6 7
<del></del>	
(Use attachment if necessary)	
	ete of filing: (OPTIONAL)
F.V: Effective date, if other than the da	ate of filing:
EV: Effective date, if other than the daterive date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 o
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)