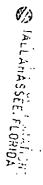


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SUBJEC		ST ADVISORS TAX	REP LLC		
SUBJEC	· · ·	Name o	f Limited Liab	ility Company	
The encle	osed Articles of	Organization and feet	s) are submitte	ed for filing.	
Please re	turn all correspo	ondence concerning th	is matter to the	: following:	
	David Tobac	ck, Esq.			
	-		Name	of Person	
	David Tobac	ck, Esq., PLLC			
			Firm/0	Company	
	1211 N. We	stshore Blvd., STE. 3	15		
			Ad	dress	
	Tampa, Flor	ida 33607			
	ndmin@david	itobacklaw.com	City/State	and Zip Code	
			used for future	annual report notificat	ion)
For further	r information co	ncerning this matter, p	olease call:		
	David Tobac		813 at (252-7529	
	Nam	ne of Person	Area Code	Daytime Telephon	e Number
Enclosed	lis a check for t	he following amount:			
	00 Filing Fee	□\$130,00 Filing F Certificate of State	ee & 🖂\$ is Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		<u>18 Address</u>		Street Address	
		iling Section		New Filing Section D The Centre of Tallah	
		on of Corporations lox 6327		2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
EASTCOAST ADVIS (Musi contai			"L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street add	lress of the principa	l office of the Limited	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
8224 Solano Bay Loop Unit 718 Tampa, FL 33635		Uni	4 Solano Bay Loop t 718 npa, FL 33635
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac	annot serve as its or	wn Registered Agent.	nt's Signature: You must designate an individual or
The name and the Florida street ac	dress of the registe	red agent are:	
	David Toback, Es	q	
		Name	
	1211 N. Westshor Florida street add	e Blvd., STE. 315 ress (P.O. Box <u>NOT</u> a	occeptable)
	Tanipa	FL	33607
	City	State	Zip

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)

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'AMBR" - Authorized Member	Name and Address:
'MGR" • Manager	
MGR	Janet Joens
	8224 Solano Bay Loop, Unit 718
	Tampa, FL 33635
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	
etive date is listed, the date must b f filing.)	not meet the applicable statutory filing requirements, this date will not nent of State's records.
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CV: Effective date, if other than the ctive date is listed, the date must be filling.) he date inserted in this block does nent's effective date on the Department's effective date on the Depa	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. lase information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.

as

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

ARTICLE IV-