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(City/State/Zip/Phone #)

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(Business Entity Name)

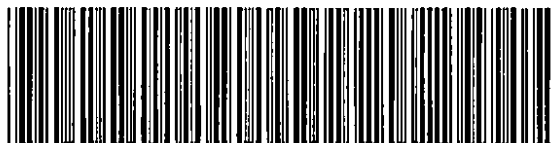
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Emily Dill

Name:	Senior Finance Guide LLC
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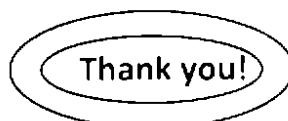
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Email Address for Annual Report Notifications:

<i>lisa.samblanet@icemiller.com</i>

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Amount: \$ 155.00



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Senior Finance Guide LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa R. Samblanet - Paralegal
Name of Person

Ice Miller LLP
Firm/Company

250 West Street - Suite 700
Address

Columbus, OH 43215
City/State and Zip Code

lisa.samblanet@icemiller.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa R. Samblanet - 614 462-1045
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
- ☐ \$130.00 Filing Fee &
Certificate of Status
- ☒ \$155.00 Filing Fee &
Certified Copy
(additional 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Senior Finance Guide LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1033 Dr. MLK Jr. Street N.

St. Petersburg, FL 33701

1033 Dr. MLK Jr. Street N.

St. Petersburg, FL 33701

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

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..

C T Corporation System

By: Laura R Broderick

Laura R Broderick, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Douglas K. Winslow</u> <u>1033 Dr. MLK Jr. Street N.</u> <u>St. Petersburg, FL 33701</u>
<u>MGR</u>	<u>Robert B. Graham</u> <u>1033 Dr. MLK Jr. Street N.</u> <u>St. Petersburg, FL 33701</u>
<u>MGR</u>	<u>Matthew Stern</u> <u>1033 Dr. MLK Jr. Street N.</u> <u>St. Petersburg, FL 33701</u>
<u>AMBR</u>	<u>Rob Graham Enterprises, LLC</u> <u>1033 Dr. MLK Jr. Street N.</u> <u>St. Petersburg, FL 33701</u>

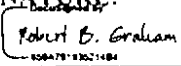
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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 the date of filing.)

Note: 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (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.
Robert B. Graham Authorized Representative of Rob Graham Enterprises LLC
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 Status (Optional)

Senior Finance Guide LLC

AMBR The Stern Group – 1033 Dr. MLK Jr. Street N., St. Petersburg, FL 33701