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(Req	uestor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: Signature Group	Fine of Advisin	4
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this ma	J	
	•	
Nicholus mila-	144	
	Name of Person	
		7
	Firm/Company	
3308 V: (C /	: /	٠. ٠
3308 Vassu- 6	Address	
		′.
N, J. m = Ca - + Ly E-mail address: (to be used	32309	
C	ity/State and Zip Code	
_ N.J. mcharthy	@outlook.com	
E-mail address: (to be used	for future annual report notification	on)
For further information concerning this matter, please	call:	
Name of Person Ar	107) 404 5767	<u> </u>
Name of Person Ar	rea Code Daytime Telephone	Number
Enclosed is a check for the following amount:		
⊠\$125.00 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 Div The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Signature	6-008	Finen	1 /24 15	, LLC			
(Must contain the words	"Limited Liabili	ty Compan	y, "L.L.C.," or "LLC.")		•	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office o	f the Limite	ed Liability Company i	s:			
Principal Office Address:		Address:					
3308 Vesser Et 3			3708 Vassi-	ct.			
Tallahassee FL 3	1309	_	Tullchassee	FL 317.	09	•	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	as its own Regis registration.)	tered Agent	ent's Signature: :. You must designate a	an individual	or		
1	1:660155	m 11	= > + h 4			:	, .
	Nam	<u> </u>	cuthy			•	•
330	08 1.5	Sc- i	4.			-	1
	ect address (P.O.			-			
1 .11.	Listee	FL	32307				
	City	State	3) 30 7 Zip	_	1 - !	-	

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)

ARTICLE IV-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 m6R (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 20 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. **REOUIRED 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.

Typed or printed name of signce

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)