

Vivienne K. Schleu, C.P.A.

Tax Planning & Preparation, Business Consulting, Computer Systems & Analysis
Vivienne K. Schleu, C.P.A.

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July 28, 1995

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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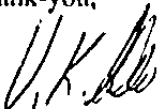
To Whom It May Concern:

Please accept the enclosed articles of organization for ALLIANCE WEALTH CENTER, L.C. to be accepted as a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes.

Also enclosed is a check in the amount of \$285.00 for filing fees and designation of registered agent.

Any questions should be directed to me at the above numbers.

Thank-you,



Vivienne K. Schleu, C.P.A.

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TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLIANCE WEALTH CENTER, L.C.

ARTICLE II - Address:

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

555 SOUTH FEDERAL HIGHWAY
SUITE 430
BOCA RATON, FLORIDA 33432

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

PHUC QUANG LE
555 SOUTH FEDERAL HIGHWAY
SUITE 430
BOCA RATON, FLORIDA 33432

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

DOUGLAS WALTER DITTMANN
555 SOUTH FEDERAL HIGHWAY
SUITE 430
BOCA RATON, FLORIDA 33432

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

PER DISCRETION OF THE EXISTING MEMBERS

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

TO CONTINUE BUSINESS IN PERPETUITY

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

ALLIANCE WEALTH CENTER, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 200.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 1,000.00 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 100,000.00 . This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DESCRIPTION OF PROPERTY CONTRIBUTED

COMPUTER	\$1,000.00
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

_____ ALLIANCE WEALTH CENTER, L.L.C. _____

2. The name and address of the registered agent and office is:

_____ VIVIANNE K. SCHLEU, C.P.A. _____

(Name)

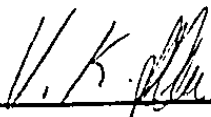
_____ 1179 S.W. 21ST STREET _____

(P.O. Box not acceptable)

_____ BOCA RATON, FLORIDA 33432 _____

(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.

_____  _____

(Signature)

_____ JULY 28, 1995 _____

(Date)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILING FEE: \$ 35 for Designation of Registered Agent