Lealry & Associales, P.A.
A Professional Association

L9500000690

1 September, 1995

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Filing of Limited Liability company

Dear Sir:

Enclosed please find the original and two copies of a limited liability compy. Also please find enclosed our trust account check in the amount of \$285.00. Please file same.

Thank you for your cooperation concerning this matter. If you have any questions, please feel free to contact me.

Sincerely,

Leahy & Associates, P.A.

Timothy B. Leahy, Esquire

Attorney At Law

Enclosures

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SEP 11 1095

ARTICLES OF ORGANIZATION

OF

SELECT FINANCIAL SERVICES, L.C.

The undersigned, for the purpose of forming a Limited Liability Company under Florida Chapter 608, do adopt the following Articles of Organization:

ARTICLE I

NAME: The name of this Limited Liability Company is:

SETECT FINANCIAL SERVICES, L.C.

ARTICLE II

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

Mailing address:

701 North Hercules Avenue Suite C Clearwater, Florida 34624

Street Address:

701 North Hercules Avenue Suite C Clearwater, Florida 34624

ARTICLE III

DURATION: The duration of the Company shall continue for not more then thirty (30) years.

ARTICLE IV

A

MANAGEMENT: The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are: William Isaly, 701 North Hercules Avenue, Suite C., Clearwater, Florida 34624 and Ronald H. Woodley, 701 North Hercules Avenue, Suite C., Clearwater, Florida 34624.

ARTICLE V

ADMISSION OF ADDITIONAL MEMBERS: The right, of the remaining members to admit additional members and the terms and conditions of the admissions shall be; The addition of any member in this Company must be with the written consent of all of the existing members.

ARTICLE VI

MEMBERS RIGHT TO CONTINUE BUSINESS: The right, 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 granted with the written consent of all the remaining members.

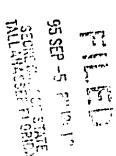
ROBERT SHELLPNEERGER JR., Member

RONALD H. WOODLEY, Member

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of authorized representative of a member of SELECT FINANCIAL SERVICES, L.C.,:

- 1. The above named limited liability company has at least two members.
- 2. The total amount of cash contributed by the members is \$1,000.00.
- The total amount of cash or property anticipated to be contributed by members is \$1,000.00. This total includes amounts from number (2) above.



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: SELECT FINANCIAL SERVICES, L.C.
- 2. The name and address of the registered agent and offich is

Ronald H. Woodley 701 North Hercules Avenue Suite C Clearwater, Florida 34624

Having been named as registered agent and to accept services 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, an I am familiar with and accept the obligations of my position as registered agent.

RONALD H. WOODLEY

DATE

FILE NOW: Fee after May 1, will be \$263.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham CC 4 1 1 1 1 1 1 1 1 1 5 3 ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS Annual Report \$100.00 + \$135.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 238.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #L95000000690 1a. Principal Place of Business Address SELECT FINANCIAL SERVICES, L.C. 701 NORTH HERCULES AVE., STE. 701 NORTH HERCULES AVE., STE. C CLEARWATER FL 34624 CLEARWATER FL 34624 If above making address is experied in any way. The through Incorrect information and enter correction in Block 2a 3a. State of Formation 3. Date Organized or Qualified 2a. Mailing Address 2 Principal Place of Business 09/05/1995 FL Suilo, Apt #, etc Surto, Apt. #, etc. 4. FEI Number Applied For City & State City & Strile Not Applicable Country Country 34625 34625 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent WOODLEY, RONALD H SHELLENBERGER 701 NORTH HERCULES AVE., STE. C CLEARWATER FL 34624 Zip Code 9. Pursuant to the provisions of Sections 608,416 and 608,508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office of registered arginit, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent and afficept see pulling florida. 34625 SIGNATURE (included and described Administration of the second second second Managing Members/Managers **Business Street Address** 10. Tide VOI-NORTH-HERCULES-AVE., S CLEARWATER-FL CMIT MGRM 701 NORTH HERCULES AVE., S CLEARWATER FL MGRM WOODLEY, RONALD H MEM. MGRMSHELLENBERGER, PLEER JO, 701 NORTH HERCULES AUG., CLEARWATER, FL. 700001834827 -05/22/96--01073--020 ****263.75 ****263.75

 $\Delta PPROVEO$

11 I do twireby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes I further certify that the information ipdicated on this annual report is true and accurate and that my signature shall have the same legal official as if made under oath; that I am a managing member or manager of the lightly liability gompany or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or or on instanting with an address

SIGNATURE:

SIGNATURE:

SIGNATURE:

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