

8/18/98

FLORIDA DIVISION OF CORPORATIONS

9:06 AM

**L98000001486**

PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET  
((H98000015306-7))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4003

FROM: ACE INDUSTRIES, INC.  
CONTACT: PAM FRIEDMAN  
PHONE: (305)358-2571

ACCT#: 070744001530

FAX #: (305)358-7832

NAME: ALLIED FINANCIAL PLANNING, LLC  
AUDIT NUMBER.....H98000015306  
DOC TYPE.....LIMITED LIABILITY COMPANY  
CERT. OF STATUS..0 PAGES..... 3  
CERT. COPIES.....0 DEL.METHOD.. FAX  
EST.CHARGE.. \$285.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX  
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:  
Menu: <Ctrl R-Shift>

2400 7E1

VT100

98 AUG 18 PM 2:42

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
Tallahassee, Florida

**L98-1486**

Name	OK-8-18
Availability	
Document	
Examiner	
Updater	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 AUG 18 AM 10:15



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 18, 1998

ACE INDUSTRIES, INC.  
PAM FRIEDMAN

SUBJECT: ALLIED FINANCIAL PLANNING, LLC  
REF: W98000018836

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 AUG 18 PM 2:42

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

The document must contain the names and street addresses of the members or managers of the limited liability company.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

FAX Aud. #: H98000015306  
Letter Number: 298A00042725

H98-15306

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

NAME OF LIMITED LIABILITY COMPANY: ALLIED FINANCIAL PLANNING, LLC

THE DURATION OF THIS COMPANY IS: PERPETUAL

THE MAILING ADDRESS OF THIS COMPANY IS: ONE SOUTHEAST THIRD AVENUE  
15th FLOOR  
MIAMI, FL 33131

THE PRINCIPAL OFFICE ADDRESS OF THIS COMPANY IS:  
ONE SOUTHEAST THIRD AVENUE, 15th FLOOR, MIAMI, FL 33131

THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

☒ MEMBERS

☐ MANAGERS

THE NAMES AND ADDRESS OF THE MEMBERS OR MANAGERS ARE AS FOLLOWS:

RICHARD A. BERKOWITZ, ONE SOUTHEAST THIRD AVENUE, 15th FLOOR, MIAMI, FL 33131

BARRY M. BRANT, ONE SOUTHEAST THIRD AVENUE, 15th FLOOR, MIAMI, FL 33131

EFFECTIVE DATE UPON FILING WITH THE SECRETARY OF STATE.

  
\_\_\_\_\_  
SIGNATURE OF:  
(SIGNATURE IS OF MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE)

PREPARED BY ACE INDUSTRIES, 54 NW 11th STREET, MIAMI, FL 33136  
(305)358-2571

H98-15306

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 AUG 18 PM 2:42

H98-15306

**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 STATE-  
MENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE  
OF FLORIDA.

- 1) The name of the limited liability company is:

ALLIED FINANCIAL PLANNING, LLC

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

RICHARD A. BERKOWITZ

Name

ONE SOUTHEAST THIRD AVENUE FIFTEENTH FLOOR

Address (R.O. Box NOT acceptable)

MIAMI, FLORIDA 33131

City / State / Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 AUG 18 PM 2:42

*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

08/15/98

Date

H98-15306

H98-15306

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member  
of ALLIED FINANCIAL PLANNING, LLC 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 \$ 1,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ \_\_\_\_\_. 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  
\$ 1,000. 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.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 AUG 18 PM 2:42

FILING FEE: \$250 for Articles of Organization and Affidavit

H98-15306