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Tolton Manay Manago Requester's Name	arrent Company UC
Requester's Name  One Dogwood Strug Address  City/State/Zip Phone #	<u> </u>
	Office Use Only
CORPORATION NAME(S) & DOCUM  1(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3(Corporation Name)	(Document #) double subjection
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Photocopy  Certified Copy  Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit  Mot for Profit  Mailability  Domestication  Coursett Other DCC	<ul> <li>□ Amendment</li> <li>□ Resignation of R.A., Officer/Director</li> <li>□ Change of Registered Agent</li> <li>□ Dissolution/Withdrawal</li> <li>□ Merger</li> </ul>
odate OTHER FILINGS	REGISTRATION/QUALIFICATION
erifyer Annual Report erifyer Fictitious Name acknowledgement DCC  W. P. Verifyer DCC	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other
71910000099	Examiner's Initials



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 26, 1999

H. DAVID TALTON ONE DOGWOOD STREET MONTICELLO, FL 32344

SUBJECT: TALTON MONEY MANAGEMENT COMPANY LLC

Ref. Number: W99000001917

We have received your document for TALTON MONEY MANAGEMENT COMPANY LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "COMPANY." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 599A00003472

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Talton Money Management LLC

#### **ARTICLE II - Address:**

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

One Dogwood Street Monticello, Florida 32344

#### **ARTICLE III - Duration:**

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

20 years

#### ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

H. David Talton One Dogwood Street Monticello, Florida 32344

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:

#### **ARTICLE V - Admission of Additional Members:**

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

Must hold Series 7 Security License

### **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:

Designated person must hold Series 7 Security License. Designee to be named:

ARTICLE VII - AMDAVIT OF MEMBERSIND and Con				
The undersigned member or authorized representative of a member of	Talton Money F.  certifies: -3			
<ol> <li>the above named limited liability company has at least one member;</li> <li>the total amount of cash contributed by the member(s) is</li> </ol>	F. ⊋ D \$±00,000.00 \$±00,000.00			
<ul> <li>3) if any, the agreed value of property other than cash contributed by me         (A description of the property is attached and made a part hereto.); an</li> <li>4) the total amount of cash and property contributed and anticipated to b         contributed by member(s) is</li> </ul>	d			
Signature of a member or an 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.)				
H. David Talton  Typed or printed name of signee	<u> </u>			

Filing Fee: \$250.00 for Articles and Affidavit

## 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

the limited liability company is:	Talton Money	Management
<u></u>		
nd the Florida street address of the re	egistered agent are:	99 FEB -3 SECRETA: TALLAHASSEH
Name		
One Dogwood Street		
Florida street address (P. O. E	BOX <u>NOT</u> ACCEPTABLE)	
Monticello FL	32344 ND ZIP	
	H. David Talton  NAME  One Dogwood Street  Florida street address (P. O. F.  Monticello FL	the himted hability company is.  In the Florida street address of the registered agent are:  H. David Talton  NAME  One Dogwood Street  Florida street address (P. O. Box NOT ACCEPTABLE)

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

Filing Fee: \$ 35 for Designation of Registered Agent