

L 99000009008

Requestor's Name	
Richard M. Powers, P.A.	
315 S. Calhoun Street - Suite 308	
Tallahassee, FL 32304	
City/State/Zip	Phone #
	850-224-5596

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Money For You, L.L.C.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☒ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

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TALLAHASSEE FLORIDA

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W/12/20

NEW FILINGS	
	Profit
	NonProfit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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-12/20/99--01092--013  
\*\*\*\*\*200.00 \*\*\*\*\*75.00

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-12/20/99--01097--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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**ARTICLES OF ORGANIZATION**  
**OF**  
**MONEY FOR YOU, L.L.C.**

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The undersigned hereby files these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I**  
**Name and Address**

The name of this limited liability company shall be **MONEY FOR YOU, L.L.C.**  
The address of its initial principal office is 2211 Ten Oaks Drive, Tallahassee, Florida 32312, and its initial mailing address is the same. The office address and mailing address may be changed from time to time at the discretion of the manager of this limited liability company, as otherwise provided by Florida law.

**ARTICLE II**  
**Term of Existence**

This limited liability company shall exist perpetually unless dissolved according to law and shall commence upon the filing of these Articles of Organization by the Department of State of the State of Florida.

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ARTICLE III

Purpose

This limited liability company may engage or transact in any and all lawful activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

Powers

This limited liability company shall have the powers provided by Florida law.

ARTICLE V

Initial Registered Office and Registered Agent

The street address of the initial Registered Office of this limited liability company in the State of Florida shall be 315 South Calhoun Street, Suite 308, Tallahassee, Florida 32301. The name of the initial Registered Agent of this limited liability company at the above address is RICHARD M. POWERS, P.A.

ARTICLE VI

Number of Members

This limited liability company shall have one or more members. The number of members may be changed from time to time in accordance with and in the manner provided by Florida law.

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ARTICLE VII  
Initial Member

The initial member of this limited liability company is WARREN MERLE  
McALPINE.

ARTICLE VIII  
Management

This limited liability company is to be managed by one or more managers and is,  
therefore, a manager-managed limited liability company.

ARTICLE IX  
Initial Manager

The initial manager of this limited liability company is WARREN MERLE  
McALPINE.

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ARTICLE X  
Amendment

These Articles of Organization may be amended in any manner now or hereafter  
provided for by law, and all rights conferred hereunder are granted subject to this reservation.

IN WITNESS WHEREOF, the undersigned, being the original subscribing member  
to the foregoing Articles of Organization, has executed these Articles of Organization this  
16<sup>th</sup> day of December, 1999.

Warren Merle McAlpine  
WARREN MERLE McALPINE  
Member

STATE OF FLORIDA

COUNTY OF LEON

Before me personally appeared WARREN MERLE McALPINE who [check one]:

☐ is personally known to me [or] ☒ produced FLN LICENSE # 1241893283440 as  
identification, who executed the foregoing Articles of Organization and who acknowledged to  
and before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 17 day of December, 1999, in the  
County and State aforesaid.

[Signature]  
Notary Public, State of Florida

Notary's Stamp/Seal:



Vicki Covington  
MY COMMISSION # CC570066 EXPIRES  
October 29, 2000  
BONDED THROUGH FAIN INSURANCE, INC.

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**ACCEPTANCE OF  
APPOINTMENT AS REGISTERED AGENT**

Having been named as Registered Agent for MONEY FOR YOU, L.L.C. at the designated Registered Office, the undersigned hereby accepts said appointment, agrees to act in said capacity, and certifies that it is familiar with and agrees to comply with the provisions of Chapter 608, Florida Statutes, relative to the proper and complete performance of its duties.

DATED this 20th day of December, 1999.

**RICHARD M. POWERS, P.A.,**  
Registered Agent

By: \_\_\_\_\_

Richard M. Powers

Its: President

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