

Filing Fee: \$150.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Mahoney Financial Organization, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Delaware

4. The date of its organization is September 10, 2009

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

7 Eva Lane

Cranston

RI 02921

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is Corporate Creations Network Inc.

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

2455 East Sunrise Boulevard, Suite 300, Fort Lauderdale, FL, 33304

9. The mailing address for the limited liability company is:

2455 East Sunrise Boulevard, Suite 300, Fort Lauderdale, FL, 33304

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10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to item no. 11.)*

or

- B. The limited liability company is to be managed ☒ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
WILLIAM E MAHONEY JR	2455 East Sunrise Boulevard Ste 300, Ft Lauderdale, FL,33304

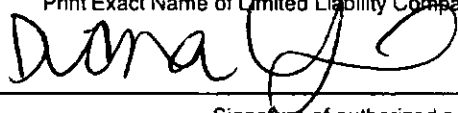
11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 10/15/2010

Mahoney Financial Organization, LLC

Print Exact Name of Limited Liability Company Making Application

By 
Signature of authorized person

WILLIAM E MAHONEY JR, Manager
by Diana Urrego as attorney-in-fact

Limited Power of Attorney

The undersigned officer of Mahoney Financial Organization, LLC a Delaware entity ("the Company"), appoints Diana Urrego as attorney-in-fact for the Company for the limited purposes authorized in this Limited Power of Attorney. Kelly Cianfarano, Special Secretary; grants to the attorney-in-fact the power to execute the documents necessary to file change of registered agent, amendments, fictitious name registrations, fictitious name renewals, qualifications, withdraw, dissolve, reinstate or form the company and its subsidiaries. The named individual shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations, 11380 Prosperity Farms Road #221E, Palm Beach Gardens, FL 33410.

The undersigned has executed this Limited Power of Attorney effective as of this 15th day of October, 2010.

Mahoney Financial Organization, LLC

By: Kelly Cianfarano

Name: Kelly Cianfarano

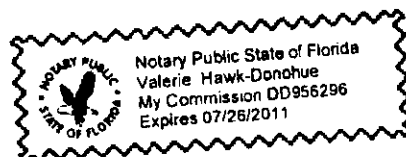
Title: Special Secretary

STATE OF Florida

COUNTY OF Palm Beach

Subscribed and sworn to before me this 15th day of October, 2010.

Valerie Hawk-Donohue
Notary Public



Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAHONEY FINANCIAL ORGANIZATION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF OCTOBER, A.D. 2010.

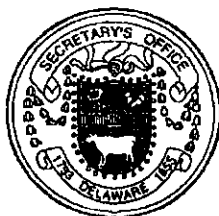
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAHONEY FINANCIAL ORGANIZATION, LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8292270

DATE: 10-15-10



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

