

LO1000021009

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: CAROLINA CAPITAL, L.L.C.

Enclosed is an original and one (1) copy.

Also enclosed is a check made out to the Florida Department of State for a total of \$337.50:

\$250.00 – Filing Fee

\$35.00 – Fee for Designation of Registered Agent

\$52.50 – Fee for Certified Copy

FROM: Bryan Thompson
900 Witherbee Lane
Raleigh, North Carolina 27603
(919) 772-2183

800004705728--8
-12/05/01--01036--002
****160.00 ****160.00

FILED
01 DEC -11 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO1-21009
OK



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 7, 2001

BRYAN THOMPSON
900 WITHERBEE LANE
RALEIGH, NC 27603

SUBJECT: CAROLINA CAPITAL, L.L.C.
Ref. Number: W01000025632

FILED
01 DEC -4 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CAROLINA CAPITAL, L.L.C. and check(s) totaling \$337.50. However, your check(s) and document are being returned for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 201A00060454

BRYAN K. THOMPSON
900 WITHERBEE LANE
RALEIGH, NC. 27603

HOME # (919)-772-2183

I AM FILING FOR CAROLINA CAPITAL LLC.

I HAVE ENCLOSED A CHECK FOR \$160.00
FOR FILING FEES ETC.

IF THERE ARE ANY QUESTIONS, PLEASE
CALL ME @ THE DAYTIME TELEPHONE #
LISTED ABOVE.

FILED
01 DEC -4 PM 2 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thanks,

Bryan

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAROLINA CAPITAL, L.L.C.

ARTICLE II - Address:

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

4285 N.W. 66TH PLACE, BOCA RATON, FL. 33496

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JEFFREY A. DORIA

Name

4285 N.W. 66TH PLACE

Florida street address (P.O. Box NOT acceptable)

BOCA RATON, FL 33496

City, State, and Zip

FILED
01 DEC -4 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 as provided for in Chapter 608, F.S.

Jeffrey A. Doria

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Bryan K. Thompson

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

BRYAN K. THOMPSON

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)