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#### LIMITED LIABILITY COMPANY

LB Capital Solutions, LLC

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## ARTICLES OF ORGANIZATION OF LB Capital Solutions, LLC

**ARTICLE I** 

NAME

The name of the limited liability company shall be: LB Capital Solutions, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 20155 NE 38th Court, Unit 1103, Aventura, Florida 33180.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Bruce Perry, 20155 NE 38th Court, Unit 1103, Aventura, Florida 33180. Located in the County of Miami-Dade.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Bruce Perry, 20155 NE 38th Court, Unit 1103, Aventura, Florida 33180 Louise Perry, 20155 NE 38th Court, Unit 1103, Aventura, Florida 33180

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # 40400 1897763

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: LB Capital Solutions, LLC

The name and address of the registered agent and office is: Bruce Perry, 20155 NE 38th Court, Unit 1103, Aventura, Florida 33180. Located in the County of Miami-Dade.

Having been named as registered agent and to accept service of process for the above stated 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: Date: September 15, 2004

SECREDIATOR SING

FAX AUDIT # 404000 1897763