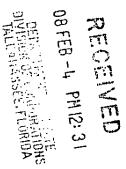
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Cortificato	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



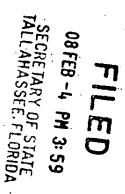
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B. KOHR

FEB 4 2008

EXAMINER





	i
N SERVICE COMPANY	,
ACCOUNT NO.: 072100000032	
REFERENCE: 429731 7604486	į
AUTHORIZATION Spelbelenas	,
COST LIMIT : \$ 125.00	I
ORDER DATE: February 4, 2008	
ORDER TIME : 11:54 AM	
ORDER NO. : 429731-005	I
CUSTOMER NO: 7604486	
DOMESTIC FILING	
NAME: PANTHER CAPITAL PARTNERS LLC	ı
EFFECTIVE DATE:	j
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	1
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	i
CONTACT PERSON: Debbie Skipper - EXT. 2948	
EXAMINER'S INITIALS:	:

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
The name of the Limited Liability Company is:	· ZC ·	
	P. P.	
	,	
Panther Capital Partners LLC		
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
A TONTH CIT TO THE A. A. A. A	7	
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:	
The maning address and silect address of the pr	incipal office of the Elinica Elabinty Company is.	
Principal Office Address:	Mailing Address:	
		
333 S. Miami Avenue, Suite 150	333 S. Miami Avenue, Suite 150	
Miami, Florida 33130	Miami, Florida 33130	
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the r Corporation Service	registered agent are:	
1201 Hays Street		
Florida street address (P.O. Box NOT acceptable)		
Tallahassee	FL 32301 and Zip	
City, State, a	and Zip	
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Jeff Krinsky 7125 East Lago Drive Coral Gables, Florida 33143 MGRM Daniel Sirlin 10225 Collins Avenue Bal Harbour, Florida 33154 (Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing:

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

_. (OPTIONAL)

(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.)

David Cohen, authorized representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)