

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

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       CERTIFIED COPY       

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  X   FILING   LLC  

1.) Lionheart Capital Partners, LLC  
(CORPORATE NAME & DOCUMENT #)

2.)         
(CORPORATE NAME & DOCUMENT #)

3.)         
(CORPORATE NAME & DOCUMENT #)

4.)         
(CORPORATE NAME & DOCUMENT #)

5.)         
(CORPORATE NAME & DOCUMENT #)

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TALLAHASSEE, FLORIDA

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2-18-00

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: **LIONHEART CAPITAL PARTNERS, LLC**

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
**2685 NW 27<sup>th</sup> Avenue**  
**Boca Raton, FL 33434**

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

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

**John P. Fenner, Esq.**

Name

**3998 FAU Boulevard**

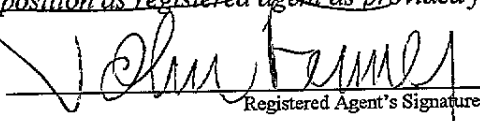
**Suite 200, Office 112**

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

**Boca Raton, FL 33431**

City, State, and Zip

*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.*

  
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)

x   
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.)

**Richard A. Adrey**

Typed or printed name of signee:

### 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)

APPROVED  
AND  
FILED  
OCT 18 PM 10:47  
TALLAHASSEE, FLORIDA