

**CAPITAL MANAGEMENT GROUP, LLC**

Phone: (941) 530-1242  
Fax: (941) 530-1243

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

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-06/05/00--01111--016  
\*\*\*155.00 \*\*\*155.00

Please find the enclosed for processing. The enclosed business card and letterhead give you contact information if necessary.

Regards,

Charles W. Braihland  
President

SECRET  
TALLAHASSEE, FLORIDA  
JUL -5 1960

with  
6/7

6/7/06  
Sent

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

*Capital Management Group, LLC*

## ARTICLE II - Address:

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

*810 River Point Drive  
Naples, FL 34102*

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

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

*Charles W. Braihland*  
Name  
*810 River Point Drive*  
Florida street address (P.O. Box **NOT** acceptable)  
*Naples FL 34102*  
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.

*CM Braihland*  
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)

*CM Braihland*  
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.)

*Charles W. Braihland*  
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)

FILED  
JUN -5 PM 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA