

# L0000000 9731

Division of Corporations

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Account Name : FAS-T CORP. AGENTS, INC.  
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**LIMITED LIABILITY COMPANY**  
**PACK JOHNSON FINANCIAL MANAGEMENT, L.C.**

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 14, 2000

FAS-T CORP. AGENTS, INC.

SUBJECT: PACK JOHNSON FINANCIAL MANAGEMENT, L.C.  
REF: W00000019931

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Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

## Articles of Organization of Pack Johnson Financial Management, L.C.

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

1. **Name:** The name of the limited liability company is Pack Johnson Financial Management, L.C.
2. **Duration:** The period of duration of the limited liability company is perpetual unless sooner dissolved as provided by statute.
3. **Purpose:** This limited liability company is organized for the purpose of engaging in any lawful business in which a limited liability company may engage under Florida law.
4. **Principal Place of Business:** The address of its principal place of business is 9 SW 13<sup>th</sup> Street Fort Lauderdale FL 33315. And the mailing address is, 9 SW 13<sup>th</sup> Street Fort Lauderdale FL, 33315.
5. **Registered Agent and Office:** The name and address of its initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles, is Natale C Gambino, 9 SW 13<sup>th</sup> Street Fort Lauderdale FL 33315.
6. **Initial Members:** The names of the initial members of the limited liability company and their respective addresses are as follows:

Black Dog Holdings	Natale C Gambino
9 SW 13 <sup>th</sup> Street	2106 Shinnecock Hills Way
Fort Lauderdale FL 33315	Coral Springs, FL 33071
7. **Admission of Additional Members:** Additional Members will be admitted only upon the consent of the Manager or upon such other terms as are unanimously agreed to by all Members entitled to a dividend upon dissolution or liquidation.
8. **Capitalization:** The capital contributions of the Members, having an agreed value totaling \$1,000.00 when contributed, shall be allocated as follows:

Black Dog Holdings	\$500.00
Natale C Gambino	\$500.00
9. **Additional Liability of Members:** No additional capital contributions of the Members will be required.
10. **Continuity:** The remaining Members of the limited liability company will have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued Membership of a Member in this limited liability company. The return of the capital and the distribution of profits shall be determined from the limited liability company's books, as of the effective date of withdrawal, based on the

Prepared by Sue Shaw  
Pack Johnson Financial Management #50641  
Fort Lauderdale FL 33333  
(954) 764-0404

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provisions of the regulations, and paid as soon as practicable without diminishing the prospects of the limited liability company's ventures and subject to the limitations of Florida law.

11. Management: The business of the limited liability company shall be reserved to and conducted under the exclusive management of its Managers who shall have exclusive authority to act for the limited liability company in all matters. The name and address of the Manager of the company is as follows:

Natale Gambino  
9 SW 13<sup>th</sup> Street  
Fort Lauderdale FL 33315

Dated this 10th day of August.

 Member

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### Certificate of Designation of Registered Agent/Registered Officer

Pursuant to the provisions of Section 608.415 or 608.507 Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the limited liability company is:

Pack Johnson Financial Management, L.C.

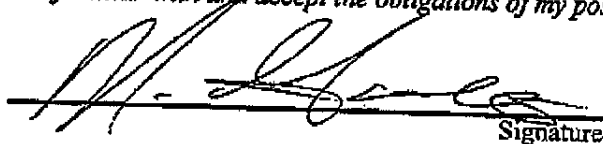
2. The name and the Florida Street address of the registered agent are:

Natale Gambino  
Name

9 SW 13th Street  
Florida street address (P.O. Box Not acceptable)

Fort, Lauderdale FL, 33315.  
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.*

  
Signature

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