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# L000000/3452 Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : STEARNS WEAVER MILLER, ET AL.

Account Number: 676077002504 Phone: (305)789-3200 Fax Number: (305)789-3395

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## LIMITED LIABILITY COMPANY

BankAtlantic Financial Technology Venture Partners,

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125,00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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### OFFICE OF THE COMPTROLLER

DEPARTMENT OF BANKING AND FINANCE STATE OF FLORIDA TALLAHASSEE 32399-0350

November 1, 2000

Alison W. Miller Steams Weaver Miller Weissler et al. Museum Tower 150 West Plagler Street Miami, Florida 33130

Dear Ms. Miller:

Re: "BankAtlantic Financial Technology Venture Partners, LLC"

Reference is made to your letter/fax dated October 30, requesting approval of the abovereferenced corporate name which will be affiliated with BFC Financial Corporation, a savings bank holding company which controls BankAtlantic Bancorp, the parent of BankAtlantic, FSB.

As Section 655.922, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank", "banker", "banking", "trust company", "savings and loan association", "savings bank", or "credit union" in its corporate name, the Division of Banking will not object to the use of the above corporate name being registered to transact business in the state of Florida.

Sincerely.

Alex Mager Director

:Kr

cc: Karon Beyer, Chief, Bureau of Corporate Records Division of Corporations, Secretary of State's Office

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Division of Banking 101 East Gaines Street, Sulte 636, Telephone: (850) 410-9111 Sent by: STEARNS WEAVER

305 789 3395;

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# ARTICLES OF ORGANIZATION OF BANKATLANTIC FINANCIAL TECHNOLOGY VENTURE PARTNERS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes (1995) Chapter 608, as amended, hereby makes, acknowledges and files the following Articles of Organization.

#### ARTICLE I NAME

The name of the Limited Liability Company is BankAtlantic Financial Technology Venture Partners, LLC (the "Company").

## ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Company is 1750 East Sunrise Boulevard, Fort Lauderdale, Florida 33304.

# ARTICLE III DURATION

The period of duration for the Company shall be perpetual.

## ARTICLE IV REGISTERED OFFICE AND AGENT AND ADDRESS

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

<u>Name</u>

Address

Alison W. Miller

2200 Museum Tower 150 West Flagler Street Miami, Florida 33130

Filed by: Alison W. Miller, Florida Bar No. 220132 Steams Weaver Miller et al. 150 West Flagler Street, Suite 2200 Miami, Florida 33130 Telephone: 305-789-3300 Facsimile: 305-789-3395

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# ARTICLE VII MANAGEMENT COMMITTEE

The Company is a manager managed company. The business affairs of the Company shall be managed and all the corporate powers thereof shall be vested in and exercised by a Management Committee. The Management Committee shall be appointed as provided in the Operating Agreement of the Company. The number of managers of the initial Management Committee shall be three (3) and thereafter may be increased or decreased from time to time by the resolution of the Management Committee.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization for the foregoing uses and purposes this 30 day of October, 2000.

Alison W. Miller

Authorized Representative of Member

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 Bank Atlantic Financial Technology Venture Partners, LLC.
- 2. The name and street address of the registered agent and office are:

Alison W. Miller 200 Museum Tower 150 West Flagler Street Miami, Florida 33130

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, Florida Statutes.

Alison W Miller

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