

L000000016310

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name: David Harrold

Address:

3450 Northlake Boulevard, Suite 102
Palm Beach Gardens, FL 33403

Phone #: 561-624-0594

3000003512933--4
-12/26/00--01074--003
****125.00 ***125.00

FILED
00 DEC 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-16310
De

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Palm Beach Capital Management, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 11641 Kew Gardens Avenue, Suite 101, Palm Beach Gardens, Florida 33403.

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

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

David W. Harrold

NAME

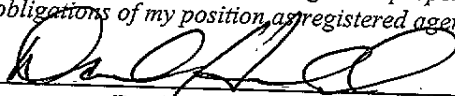
11641 Kew Gardens Avenue, Suite 101

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

Palm Beach Gardens, Florida 33403

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.

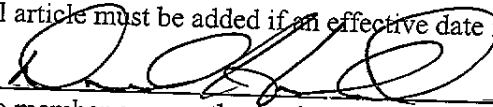


Registered Agent's Signature

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)



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.)

David W. Harrold, Manager

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
00 DEC 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA