

LO2000001585

## Vintage Equity Fund LLC

January 11, 2002

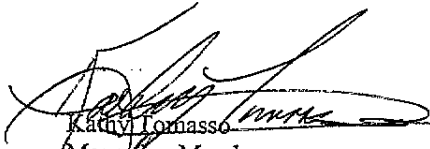
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

300004781709--4  
-01/17/02--01041--009  
\*\*\*\*125.00 \*\*\*\*125.00

I am enclosing a completed Articles of Organization and a check in the amount of \$125.00 payable to the Florida Department of State for the filing fee and designation of Registered Agent for Vintage Equity Fund LLC.

Sincerely,

  
Kathy Tomasso  
Managing Member

FILED  
02 JAN 17 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO2-1585  
JR

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**VINTAGE EQUITY FUND LLC**

## ARTICLE II - Address:

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

**3550 BISCAYNE BLVD., STE. 310, MIAMI, FL 33137**

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

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

**KATHY TOMASSO**

Name

**3550 BISCAYNE BLVD., STE. 310**

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

**MIAMI, FL 33137**

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.*

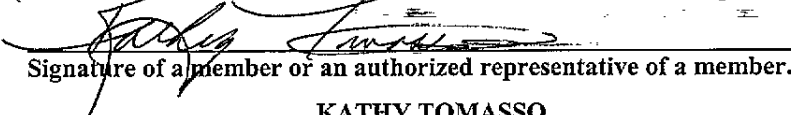


Registered Agent's Signature

## 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.

**KATHY TOMASSO**

member (printed)

(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.)

**KATHY TOMASSO**

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  
02 JAN 17 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA